

Corporate Office Credit Department
 1400 South Wolf Road, Wheeling, IL 60090
 Tel: 847-808-1343 Fax: 847-520-0073

OFFICE USE ONLY: D.C. _____
 Date Received: _____
 Date Completed: _____
 Approved By: _____
 Credit Limit: _____
 Account # _____
 Account Rep. _____

CREDIT APPLICATION

LEGAL NAME OF BUSINESS _____ Phone _____

Business Address _____ Fax _____

City/State/Zip _____ Email _____

Type of Business: Printer Business School Church Government Non-Profit Organization Residence
 Years in business _____ Other trade names _____

Corporation Partnership Proprietorship D.U.N.S. # _____

Number of employees at this location _____ Estimated monthly usage _____

Credit Limit desired _____ Will firm submit a financial statement upon request? Yes No

Purchasing Agent _____ Email Address _____

AP Contact _____ Email Address _____

LLC Owner/Officer _____ S.S.# _____ D.L.# _____

Home Address _____ City/State/Zip _____ Hm Ph _____

Owner/Officer _____ S.S.# _____ D.L.# _____

Home Address _____ City/State/Zip _____ Hm Ph _____

Bank _____ Account No. _____ Ph _____

Address _____ City/State/Zip _____

TRADE REFERENCES

Name _____ Contact _____ Phone _____

Street _____ City/State/Zip _____

Name _____ Contact _____ Phone _____

Street _____ City/State/Zip _____

Sales Tax Information: Customer must supply a copy of the state Resale License/Certificate and fill out the appropriate state form provided or supply a copy of the state Exempt Certificate/Letter. Tax will be charged if the above is not provided to Lewis Paper.

State Resale No. _____ OR Exempt Certificate No. _____

Monthly Statement required yes no Method of delivery: email fax Purchase Order required yes no

Please read and sign the following statement:

If credit is granted, I (we) fully understand the terms of the sale are net 30 days from the date of invoice. No Statement will be sent. If you require a monthly statement please mark the statement required line. A delinquent balance causes refusal of further charges and an adjustment to your credit limit. In the event it becomes necessary for the account to be placed with a third party for collection, I (we) agree to pay all costs, including reasonable attorney fees, collection agency fees and court costs. That I am (we) are authorized, in my (our) capacity to bind my (our) firm accordingly. The undersigned agree that the information furnished on this credit application is true and correct and authorizes our bank and business references to release information as desired by the sellers usual credit investigation. The person executing this agreement has authority to bind the customer and is authorized by the customer to enter into the credit application terms and conditions.

Please retain a copy for your records and return a signed original to us.

Owner/Officer/Authorized Signer Signature _____ PLEASE PRINT NAME _____ Title _____ Date _____

Owner/Officer/Authorized Signer Signature _____ PLEASE PRINT NAME _____ Title _____ Date _____