



Tel: 1-866-315-0954  
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**For Paper Arts USA use only**

Customer #: \_\_\_\_\_ Terms: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Sales Manager: \_\_\_\_\_

**Paper Arts USA company Credit Application**

Company Name		Parent Company	
Billing Address		Shipping Address	
City, State, Zip		City, State, Zip	
Billing Contact	Telephone Number	Fax Number	E-mail Address
Purchasing Agent	Telephone Number	Fax Number	E-mail Address
Federal ID			
CA Resale Certificate Number (N/A for non CA businesses)			

**BANK References**

Bank Name	Branch	Contact
Account Number	Telephone Number	Fax Number

**TRADE References**

Company Name	Telephone Number	Fax Number
Address	City	State, Zip
Company Name	Telephone Number	Fax Number
Address	City	State, Zip
Company Name	Telephone Number	Fax Number
Address	City	State, Zip

**AGREEMENT**

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are that which are stated on invoices. All amounts are due accordance with sold stated terms.
2. Past due balance are subject to service charge of the maximum permitted by state law and not less than \$1.00.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fee shall be paid by the applicant.
4. The undersigned agrees to the terms and conditions stated herein.
5. The undersigned hereby authorizes the above mentioned bank and companies to release the information requested by Paper Arts USA.

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_