



crest paper products

457 MULBERRY STREET • TRENTON, NJ 08638 • 609/394-5357 FAX 394-3046

CONFIDENTIAL

New Account Form

CONFIDENTIAL

CUSTOMER # _____ DATE: _____ SALES REP: _____

NAME: _____ TRADE NAME: _____

ADDRESS: _____ PHONE: _____ - _____ - _____

ZIP: _____

FAX: _____ - _____ - _____ EMAIL: _____

OTHER SIDE FOR SPECIAL DELIVERY INSTRUCTIONS AND DIFFERENT SHIP TO ADDRESSES

CREDIT CAN NOT BE ISSUED UNTIL THIS FORM IS COMPLETED AND APPROVED

- PLS INDIVIDUAL PROPRIETORSHIP – OWNER’S NAME, HOME ADDRESS, PHONE & SOCIAL SEC #
 CK PARTNERSHIP – BOTH PARTNERS’ NAMES, HOME ADDRESSES, PHONE & SOCIAL SEC #'s
 R/OX CORPORATION – PRINCIPALS’ NAMES, TITLES, HOME ADDRESSES, PHONE & SOCIAL SEC #'s

TWO TRADE REFERENCES 1. _____

2. _____

SALES
CONTACT: _____

PAYMENT
CONTACT: _____

BY SIGNING THIS FORM, I CERTIFY ALL THE ABOVE INFORMATION TO BE CORRECT, PERMIT IT TO BE USED FOR CHECKING CREDIT HISTORY WITH A CREDIT AGENCY AND FOR THE DETERMINATION OF CREDIT. IN CONSIDERATION FOR CREST PAPER PRODUCTS EXTENDING CREDIT TO THE ABOVE NAMED CUSTOMER, I PERSONALLY AND INDIVIDUALLY GUARANTEE PAYMENT IN FULL, UPON DEMAND FROM CREST PAPER PRODUCTS FOR GOODS DELIVERED OR CUSTOM MADE. I AGREE TO REIMBURSE CREST PAPER PRODUCTS FOR ALL COSTS OF COLLECTION INCLUDING COURT COSTS, COLLECTION AGENCY AND ATTORNEY FEES AND TO PAY A SERVICE CHARGE OF 2% PER MONTH (24% ANNUALLY) ON ALL PAST DUE AMOUNTS OF THE ABOVE NAMED CUSTOMER.

PLEASE PRINT NAME HERE

SIGNATURE

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SPECIAL DELIVERY INSTRUCTIONS: _____

CHECK DAYS CLOSED MON TUE WED THU FRI SAT

NJ PA
SALES TAX ID #: _____

THE STATE REQUIRES US TO COLLECT TAX UNTIL WE HAVE A PROPERLY EXECUTED EXEMPTION FORM

ADDITIONAL SHIP TO ADDRESSES:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

CONTACT PERSON: _____

CONTACT PERSON: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

CONTACT PERSON: _____

CONTACT PERSON: _____

TYPE OF BUSINESS: _____

THANKS FOR THE ORDER !

(PLEASE DON'T WRITE BELOW THIS LINE)

TERMS # _____ TERMS: _____

APPROVAL: _____

REVIEW TERMS ON: _____

\$ LIMIT: _____ DAY LIMIT: _____

STMT CODE: _____ PRICE CODE: _____ TAX CODE: _____

ROUTE CODE: _____ ALTERNATE ROUTE CODE: _____

REP CALL DAY: _____ HISTORY: WEEKLY BI-WEEKLY

WELCOME LETTER SENT: _____

ORIGINATOR: **WEB**