

**New Account Information**

Applicant Business Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ New Customer # \_\_\_\_\_

Trade Name \_\_\_\_\_ Salesperson Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
street city state zip

Delivery Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ A/P Phone # \_\_\_\_\_

Other locations? \_\_\_\_\_ Email \_\_\_\_\_

**Terms Requested**

\_\_\_\_ COD Line of Credit Requested \$ \_\_\_\_\_  
\_\_\_\_ Net 10  
\_\_\_\_ Net 21 Anticipated Monthly Purchases \$ \_\_\_\_\_  
\_\_\_\_ Net 30  
\_\_\_\_ Credit Card Purchase Orders Required? \_\_\_\_Y \_\_\_\_N

**Ok to email statements and invoices?** \_\_\_\_Y \_\_\_\_N

Number of years under current ownership? \_\_\_\_\_

Please list any other delivery addresses:

**Type of Business**

\_\_\_\_ Corporation Taxpayer ID # \_\_\_\_\_

\_\_\_\_ Partnership Partner Name \_\_\_\_\_

Partner Name \_\_\_\_\_

\_\_\_\_ Proprietorship Owner's Name \_\_\_\_\_

All new accounts must complete this side. Applicants requesting terms other than COD or Credit Card must also complete page 2.

\_\_\_\_ Taxable \_\_\_\_ Non-Taxable All non-taxable accounts must provide a valid State Exemption Certificate.

**Customer Name** \_\_\_\_\_

**References Supplied for Open Credit**

**Applicant** \_\_\_\_\_

what company are these references under?

**Trade References** Please do not include beer & wine vendors, UNFI  
Company Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Account number \_\_\_\_\_  
Email Address \_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Account number \_\_\_\_\_  
Email Address \_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Account number \_\_\_\_\_  
Email Address \_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Account number \_\_\_\_\_  
Email Address \_\_\_\_\_  
\_\_\_\_\_

The undersigned ("Applicant") certifies that the statements made in this application are true and accurate. Applicant acknowledges that White River Paper Company and it's subsidiaries ("Company") will rely on the statements made in this application in extending credit to the Applicant. By making this application, the Applicant requests the Company to sell and deliver goods to Applicant pursuant to the terms and conditions set by the Company. Service charges of 1 1/2% per month shall accrue on goods delivered by the Company to the Applicant, from the date each delivery is made, in the event the Applicant's account is not paid to the Company according to the terms of payment specified by the Company. In the event that the account is placed with a collection agency or attorney for collection, Applicant agrees to pay all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced. In the event an action is commenced, Applicant hereby submits to the jurisdiction of the Courts of Vermont. Applicant hereby authorizes the Company to obtain credit information from any source and further authorizes those credit sources to provide the information to the Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Applicant Name** \_\_\_\_\_

Please Print Name of Signer Above

In order to induce White River Paper Company and its subsidiaries ("Company") to extend credit to the Applicant, the undersigned, ("Guarantor") hereby unconditionally and irrevocably guarantee payment of all sums due the Company by Applicant, including service charges, all costs of collection, including attorney's fees, whether or not a lawsuit is commenced. Guarantor waives notice of acceptance, protest, or demand. Guarantor further consents, in advance, to any extension or modification of the terms and conditions without notice to the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Guarantor** \_\_\_\_\_

Please Print Name of Signer Above

\_\_\_\_\_  
Social Security Number