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Credit Application
ALL MAJOR CREDIT CARDS ACCEPTED

Name of Company _____ Date _____

Phone _____ Email _____ P.O. Box _____

Street Address _____ City, State, Zip _____

Corporation Partnership Other _____ Accts. payable contact _____

Authorized purchasers _____ Phone _____

Year established _____ How long at present address _____ Resale tax number _____

Annual sales volume _____ Credit line requested \$ _____ Annual volume of carbonless paper purchased \$ _____

Average aging of accounts payable _____ Are financial statements available? _____ If so, please attach copy

Bank Name _____ Acct.# _____ Date opened _____

Contact _____ Phone _____ Fax _____

Address, City, State, Zip _____ Checking Loan

Savings Other _____

Previous Supplier _____

Name _____

Address, City, State, Zip _____

The following are five trade references from companies we are presently doing business with:

Company Name _____ Address, City, State, Zip _____

Phone _____ Email _____ Contact _____

Company Name _____ Address, City, State, Zip _____

Phone _____ Email _____ Contact _____

Company Name _____ Address, City, State, Zip _____

Phone _____ Email _____ Contact _____

Company Name _____ Address, City, State, Zip _____

Phone _____ Email _____ Contact _____

Company Name _____ Address, City, State, Zip _____

Phone _____ Email _____ Contact _____

AUTHORIZATION TO RELEASE INFORMATION

1. I hereby authorize our bank(s) or trade references to release any information necessary to assist Specialty Papers & Supplies in order to establish a line of credit with them.

Name _____ Title _____ Date _____

2. I sign this credit application, in full agreement with the terms of payment. All invoices will be paid within thirty (30) days of invoice date. Statements will only be sent upon request. Late fee of 1 1/2% will be charged on past due balances.

Name _____ Date _____