



New Account Application

P.O. Box 1001 | 228 Andover St. | Wilmington, MA 01887

Account # \_\_\_\_\_

P: 978-658-8011 | Fax: 978-988-9070

Sales # \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Date of Business Established: \_\_\_\_\_ Credit Requested: \_\_\_\_\_

Please check one  Individual  Corporation  Partnership

Trade References

Reference #1 Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

\*\*Landlord\*\* Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bank References

Bank #1 Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_ Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

GENERAL TERMS AND CONDITIONS

- 1. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with following terms: Net 20 Days
2. Applicant agrees to pay any collection expenses, including attorney's fee, interest and court cost, which may be become necessary to effect collection of this account
3. Packaging designs, drawings and samples submitted relative to and in conjunction with all Arrow Paper questions remain the sole intellectual property of Arrow Paper Corp. The unauthorized use, distribution and/or reproduction are strictly prohibited. All rights reserved.
4. This information is given in confidence for the purpose of establishing credit with Arrow Paper Corporation. Authorization is hereby given to make inquiry of all trade and financial sources which are deemed to be necessary by Arrow Paper Corp. to properly evaluate this application.

I have read the terms and conditions stated above and agree to all of these terms and conditions.

Authorized Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

PERSONAL GUARANTEE

Those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by applicant.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_