



Corporate Office Credit Department
 2300 Windsor Court, Unit B
 Addison, IL 60101-1491
 T: 847.808.1343 | Fx: 630.932.8466
contact@lewispaper.com

OFFICE USE ONLY:
 D.C. _____
 Date Received: _____
 Date Completed: _____
 Approved By: _____
 Credit Limit: _____
 Account #: _____
 Account Rep: _____

CREDIT APPLICATION

LEGAL NAME OF BUSINESS _____ **Phone:** _____

Business Address: _____ **Fax:** _____

City/State/Zip: _____ **Email:** _____

Type of Business:

- | | | | | | |
|-------------------------|----------|-----------|--------|------------|------------|
| Printer | Business | School | Church | Government | Reseller |
| Non-Profit Organization | | Residence | | Restaurant | Healthcare |

Years in business: _____ **Other trade names:** _____

Corporation Partnership Proprietorship D.U.N.S. # _____

Number of employees at this location: _____ Estimated monthly usage: _____

Credit Limit desired: _____ Will firm submit a financial statement upon request? Y N

Purchasing Agent: _____ **Email Address:** _____

AP Contact: _____ **Email Address:** _____

LLC Owner/Officer: _____ **S.S.#** _____ **D.L.#:** _____

Home Address: _____ **City/State/Zip:** _____

Cell Phone #: _____

Owner/Officer: _____ **S.S.#** _____ **D.L.#:** _____

Home Address: _____ **City/State/Zip:** _____

Cell Phone #: _____

Bank: _____ **Account No.** _____

Address: _____ **City/State/Zip:** _____

Phone: _____

TRADE REFERENCES

Name: _____ **Contact:** _____ **Phone:** _____

Address: _____ **City/State/Zip:** _____

Email: _____

Name: _____ **Contact:** _____ **Phone:** _____

Address: _____ **City/State/Zip:** _____

Email: _____

Sales Tax Information: Customer must supply a copy of the state Resale License/Certificate and fill out the appropriate state form provided or supply a copy of the state Exempt Certificate/Letter. Tax will be charged if the above is not provided to Lewis Paper.

State Resale No. _____ OR Exempt Certificate No. _____

Monthly Statement Required: Yes No Purchase Order Required: Yes No

Please read and sign the following statement:

If credit is granted, I (we) fully understand the terms of the sale are net 30 days from the date of invoice. No Statement will be sent. If you require a monthly statement please mark the statement required line. A delinquent balance causes refusal of further charges and an adjustment to your credit limit. In the event it becomes necessary for the account to be placed with a third party for collection, I (we) agree to pay all costs, including reasonable attorney fees, collection agency fees and court costs. That I am (we) are authorized, in my (our) capacity to bind my (our) firm accordingly. The undersigned agree that the information furnished on this credit application is true and correct and authorizes our bank and business references to release information as desired by the sellers usual credit investigation. The person executing this agreement has authority to bind the customer and is authorized by the customer to enter into the credit application terms and conditions.

Please retain a copy for your records and return a signed original to us.

Owner/Officer/Authorized Signer Signature

PLEASE PRINT NAME

Title

Date