



INDUSTRIAL SUPPLIES
 14 Plaza Drive, Westmont, IL 60559, (630) 325-9720
 FAX (630) 325-0230
 aapaper.com

Application for Credit

Company:			
D/B/A:		Federal Tax ID #:	
Billing Address:		Shipping Address:	
City, State, Zip:		City, State, Zip:	
Phone Number:	Ext.	Fax Number:	
Website:			
Attention:		Attention:	
Purchasing Contact:		A/P Contact:	
Phone Number:	Ext.	Phone Number:	Ext.
E-Mail Address:		E-Mail Address:	
Are PO's Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statements Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business:		Year Established:	Years in Business:
Type of Organization:	<input type="checkbox"/> Private Corporation	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Not-For-Profit
		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Church/Municipality
<u>Company Owners</u>			
Name	Title		Phone Number
1)			
2)			
3)			
4)			
<u>Bank References</u>			
Bank Name	Phone Number	Contact	Account Number
1)			
2)			
<u>Trade References</u>			
Company Name	Phone Number	Address	Contact
1)			
2)			

Terms & Conditions

In making this application for credit, the applicant promises to pay all purchases within the terms agreed and agrees to pay a service fee of 1 1/2 % per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding balance owed by applicant the undersigned agrees to pay reasonable collection cost and court fees, including attorney fees, court cost and the cost of appeal. Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information that the submitted is true and accurate to the best of his/her knowledge. The applicant also authorizes All American Paper Co. to investigate any references listed. Failure to complete any portion of this form will be automatically void this application. The undersigned represents that he/she has the authority to execute this agreement on behalf of the business identified and would like to present this application for credit.

Credit Line Requested: _____

Terms Requested: _____

Signature: _____ Date: _____

When completed, print a copy, sign and fax to 630-325-0230. Thank you for your interest.