



**PAPER PRODUCTS**  
**&**  
**JANITORIAL SUPPLIES**

10 LELAND DRIVE  
 GLENS FALLS, NEW YORK 12801-2148  
 PHONE 518/792-0949  
 FAX 518/792-7966

## Credit Application

Date: \_\_\_\_\_

Bill to:	Ship to: (if different)
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #	In Business <span style="float: right;">Years</span>
Fax #	E-Mail:

### Owner's, Principal Partner's, Officer's Information

Name:	Title:
Street Address:	Phone #
City, State, Zip:	E-Mail:

Purchasing Contact:	Phone #
Accounts Payable Contact:	Phone #

### Trade References

1. Name		Contact:
Account #	Phone #	Fax #
2. Name		Contact:
Account #	Phone #	Fax #
3. Name		Contact:
Account #	Phone #	Fax #

The undersigned hereby confirms applicant's ability to pay invoices based on our terms and conditions of sale. In the event the applicant fails to make payments as agreed all amounts over 30 days are subject to a 2% monthly service charge, after 60 days account will be placed on C.O.D. In the event it becomes necessary to place this account with an Attorney for collection, buyer agrees to pay, in addition to the principle amount thereof with interest and other lawful charges, all cost and expenses of collection including a reasonable Attorney's fee of 30%.

The undersigned, jointly and individually, certify that all information in this credit application is complete, factual and correct. The supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application.

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_