



8965 Pensacola Blvd.
 Pensacola, FL 32534
 Phone: (850) 478-9207
 Fax: (850) 484-8704
 order@supreme-paper.com

APPLICATION FOR CREDIT

Supreme Paper Sales Rep: _____	Today's Date: _____
Customer Name: _____	Office Phone #: _____
Doing Business As: _____	Fax #: _____
Street Address: _____	State Tax #: _____
City: _____ ST: _____ Zip: _____	(please attach copy)
Bill-To Address: _____	Name of Accounts Payable Manager: _____
City: _____ ST: _____ Zip: _____	
Entity is a (check one): Corporation _____ Proprietorship _____ Partnership _____	

Parent Corporation: _____ Registered Agent: _____

Address: _____ City: _____ ST: _____ Zip: _____

President/Owner/Partner: _____

Home Address: _____ Phone: _____

Vice-Pres./Partner: _____

Home Address: _____ Phone: _____

Secretary-Treas/Partner: _____

Home Address: _____ Phone: _____

GUARANTEE AGREEMENT

The information herein furnished is an accurate statement of ownership, and we (the Entity above) do agree to guarantee payment of the account and all charges, according to terms without reservation. This guarantee shall not be affected in any manner by any change in the firm or status of the debtor, whether caused by death, by admission of any new member, or by the withdrawal of any member or members, or by any change from any cause whatsoever. The guarantor(s) agree(s) to pay all costs and expenses, including: a reasonable sum for attorneys fees, incurred by the seller in enforcing any or all of the terms of this guarantee, and all such costs, expenses, and attorneys fees may be included in and form a part if any judgement entered in any proceeding brought by the seller against the guarantor(s) under this guarantee. The guarantor(s) agree(s) that the laws of the State of Florida shall apply to any such action necessary to enforce the terms of this agreement, and that proper venue shall lie with the courts in Escambia County, Florida.

Signed: _____ President/Owner/Partner/Corporate Officer

Printed Name: _____ Title: _____



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CREDIT REFERENCES

Company Name: _____

Address: _____ City: _____ ST ____ Zip: _____

Phone: _____ Fax: _____

Account # : _____

Company Name: _____

Address: _____ City: _____ ST ____ Zip: _____

Phone: _____ Fax: _____

Account # : _____

Company Name: _____

Address: _____ City: _____ ST ____ Zip: _____

Phone: _____ Fax: _____

Account # : _____

Company Name: _____

Address: _____ City: _____ ST ____ Zip: _____

Phone: _____ Fax: _____

Account # : _____

BANK REFERENCES

Bank Name: _____

Phone: _____ Fax: _____

Checking Account # : _____

Savings Account # : _____

I hereby authorize you to release credit information to Supreme Paper Supplies, Inc., for the purpose of obtaining a line of credit with their company.

Signed: _____

Title: _____ (Authorized Officer)