

## Mac Papers, Inc. Customer Account Information

Corporate Name		
Business/Trade Name		
Street Address		Phone ()
City	State	Zip Code
Business Operates as () Corporation	() Partnership	() Sole Proprietor
Type of Business	Date Established	
Incorporated (Date)	State of Incorporation	
No. of Employees	Federal I.D. Number	
Person to contact about account		Phone/Ext.
Do you pay sales tax? () Yes () No	State Resale Certificate	# (Attach Certificate if "No
OFFICERS/OWNERS	TITLE/	/AFFILIATION
BANK REFERENCE		
Name	Contact Officer	
City & State	Phone	Fax
TRADE REFERENCES (Please List at Least 2 Paper S	suppliers If Possible)	
Name	Cor	ntact
City & State	Phone	Fax
Name	Con	ntact
City & State	Phone	Fax
Name	Contact	
City & State	Phone	Fax
Special orders may require payment up front returned check, declined or disputed credit or I (we) agree that payments will be made in act imposed each time a check is returned for an on all outstanding balances resulting from a	. The account terms may ard charge. ccordance with terms starty reason. Additionally a seturned check, declined	ems are to be paid at the time of pickup/delivery.  be changed to cash/certified in the event of a  ted above. A \$25.00 return check charge will be service charge of 1.50% per month will be charge or disputed credit card charges. If the account is ible for reasonable attorney fees, court cost, and
Signature		Customer #
Title		
Date		