

THE Independent Paper Group, L.L.C.

807 HAMPDEN AVENUE. • ST. PAUL, MN 55114 • PH: 651-644-6800 • FAX: 651-644-6801

CREDIT APPLICATION

Please return via fax to
651.644.6801
Attn: Credit Dept.

Company Name: _____

Phone#: _____ Fax#: _____

Name of Parent Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Bank: _____ Phone#: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer/ Contact: _____ Acct.#: _____

Credit References: (Paper Related)

	<u>Name</u>	<u>Address</u>	<u>Phone/ Fax</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Estimated Purchases Yearly: _____ Monthly High: _____

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CREDIT APPLICATION (continued)

Company Information:

Type of Ownership: _____ Fein#: _____

SS#: (Needed if Sole Proprietor) _____

Number of years in business: _____

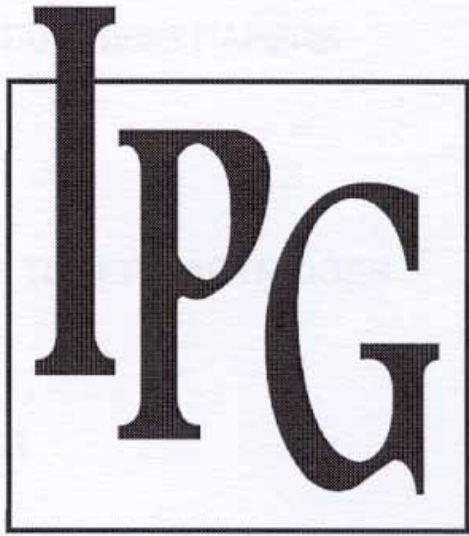
Officer or Principals:

	<u>Name</u>	<u>Address</u>	<u>Title</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

* Please complete the State Tax Resale Certificate.

Applicant agrees to pay any collection costs incurred in collecting their account balance, including reasonable attorney fees and service/ interest charges. The undersigned acknowledges that they have not withheld any information that may affect their ability to meet their obligation in a timely manner, and warrants that the information submitted is true and correct. Authorization is given to release all requested credit information to Independent Paper Company to process their request for a line of credit.

Authorized Signature: _____ Title: _____ Date: _____



Fax Cover Sheet

The Independent Paper Group, L.L.C
807 Hampden Ave
Saint Paul, MN 55114

Phone: 651-644-6800 Fax: 651-644-6801

To: Human Resources

From:

Fax:

Pages:

Phone:

Date:

Re: Credit Application

CC:

- Urgent For Review Please Comment Please Reply Please Recycle