## APPLICATION FOR CREDIT For prompt processing please print clearly and provide complete information. **Date: Business Information:** Billing Name: Ship To Name: Billing Address: Ship To Address: Postal Code: Postal Code: Tel. Number: Tel. Number: Fax. Number: Fax. Number: Please Circle: Incorporated: Type of Business: Ltd. Yes No Corp. Inc. Other: Partnership: Yes Age of Business No List Full Name, Address and Title of all Partners or Owners: Home Telephone: Name/Title: Home Address: Name/Title: Home Telephone: Home Address: Name/Title: Home Telephone: \_\_\_\_\_ Home Address: **Bank Information:** Bank Name: Contact Name: Address: Tel Number: Fax Number: Account Number: Business References: Please provide a local (not toll-free) fax number for each reference to speed-up processing time. Fax Number: Name: Fax Number: Name: Fax Number: Name: Washington State please attach your Re-Sale Certificate. Attached: Yes No I/We acknowledge that all purchases of goods on account are subject to the terms and conditions as you shall think fit. I/We expressly consent to JOTO Paper Inc. or any agent therefor obtaining such reports containing credit or personal information that is deemed necessary. I/We declare that the information given on this application is true and accurate in every respect. This declaration is made for the purpose of obtaining credit from JOTO Paper Inc.

## **Authorized Signature - Show Position**

JOTO PAPER INC.

1125 Fir Avenue, Blaine, WA, 98230 Tel:1-800-565-5686 Fax:1-800-565-5622

**Owners Signature** 

## **IMPORTANT**

(IF BUSINESS IS INCORPORATED, PLEASE COMPLETE)

## GUARANTEE TO JOTO PAPER INC. FOR GOODS SUPPLIED.

unde	rsigned by JOT	O Paper Inc. (herein o	called the "Com	y acknowledged) and other valuable consideration given upany") the undersigned (and each of us jointly and sex to the Company the due and punctual payment by	
(Con	npany Name)			of	
(Add whet	lress) her incurred befo	ore or hereafter owing a	s they become	(the "Purchaser") of all due to the Company from the Purchaser in respect of ger and agrees with the Company as follows:	payments oods and
a.	The undersigned shall for all purposes of this guarantee be regarded as a principal debtor and expressly waives demand and notice thereof respectively and of default.				
b.	The undersigned's obligation, liability and undertaking hereunder shall not be terminated nor in any way limited or affected by the granting of time, renewals, extensions, releases, indulgences or discharges by the Company to the Purchaser or by the Company's abstention from enforcing any of its rights against the Purchaser or by the Company ceasing to sell and supply goods and materials to the Purchaser. The Company shall not be bound to exhaust any recourse against the Purchaser or other before being entitled to payment from the undersigned.				
<b>c.</b>	This guarantee shall be a continuing guarantee and accordingly shall remain in effect while and so long as any monies are owing to the Company by the Purchaser.				
this guarantee shall extend to and ensure to the benefit of the Company and its successors and assigns, and even herein to the undersigned or to each of them or to any of them, is a reference to and shall be construed as include undersigned and the heirs, executors, administrators, legal representatives, successors and assigns of the understeach of them and of any of them, as the case may be, to and upon all of whom this guarantee shall extend and be a successor of them.					cluding the dersigned and of
	Given at (locati	on)			_ ,
	this	day of	20	·	
	SIGNATURE OF	GUARANTOR		SIGNATURE OF WITNESS AS TO ALL GUARANTORS	_
	SIGNATURE OF	GUARANTOR		PRINTED NAME OF WITNESS ABOVE	_
	SIGNATURE OF	GUARANTOR		ADDRESS OF WITNESS ABOVE	_

Please make sure that you have the signatures above witnessed and include address of witness. In order to receive payment terms/credit with JOTO Paper Inc. it is very important to fully complete this form. Please remember that we do accept Visa and Mastercard as well as arrange for Cash on Delivery, this may be a better alternative for your company if this form cannot be completed in full.