



PAPER MART 2164 N. BATAVIA STREET, ORANGE, CA 92865

(714) 787-4900

FAX (714) 279-3795

Accounting Dept Fax

Dear Customer;

Thank you for your interest in establishing an open line of credit with Paper Mart. Below is the credit application you requested. Complete all forms including two signature areas; return them to us either by fax at (714) 279-3795, Email ltellez@papermart.com or U.S. Mail at the address listed above. We will process your application as soon as it is received.

In order to expedite your request for open terms we do require that you provide *us with at least three* credit references, preferably within the same industry and that the bank information along with an authorized signature is provided.

Please note that the completion time for your application depends heavily on how cooperative your references are and how quickly they respond back to us. To avoid delay of your application do not provide references such as utility, mortgage, UPS/Fed-ex companies as they do not provide references. We also rely on credit reports supplied to us by Dunn & Bradstreet.

Thank you,

Leticia Tellez

Credit Department, ext. 262

Visit us on the Web @ www.papermart.com
(For an even larger selection of Industrial/Retail Packaging supplies)



CREDIT APPLICATION

(Please fill out completely)

AVOID DELAY! Complete each item, particularly full names and addresses, so that we can process your application quickly. Please be assured that all information will be held in the strictest confidence.

DATE SUBMITTED _____

COMPANY LEGAL NAME AND BILLING ADDRESS:

Company Name _____

Billing Address (Street Address or P.O. Box) _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
Telephone _____ Fax Number _____

E-mail Address _____ HOURS OF OPERATION _____

SHIP TO NAME AND ADDRESS

Company Name _____

Street Address _____ City _____ State _____ Zip Code _____

Person to Contact _____ Shipping Instructions _____ Federal ID# _____

IN MALL? YES ____ NO ____ RESIDENTIAL? YES ____ NO ____

PARENT COMPANY INFO: _____ (_____) _____
NAME ADDRESS PHONE NO

ACCOUNTS PAYABLE CONTACT: _____ (_____) _____
NAME: PHONE & EXT#

CONTROLLER CONTACT INFO: _____ (_____) _____
NAME: PHONE & EXT #

PRINCIPALS NAME _____ TITLE _____ PHONE & EXT# _____

PRINCIPALS NAME _____ TITLE _____ PHONE & EXT# _____

Will They Guarantee? ____ Yes ____ No LEGAL OWNERSHIP: ____ Proprietorship ____ Partnership ____ Corporation

TYPE OF BUSINESS _____

The applicant's signature attests to financial responsibility, ability and willingness to pay our invoices in accordance with the terms agreed upon and that the information and statements contained in this application are true and complete, and are made for the purpose of establishing an open line of credit with Paper Mart. The undersigned further agrees that all sales shall be subject to the terms and conditions which are set forth in this application. Paper Mart is authorized to contact all references contained in this application who are authorized to release any information relating to customer's credit worthiness.

X _____
Signature must be that of an officer, owner or partner Title Date
Signature is required before open account is approved

OFFICE USE ONLY	
Credit Line _____	Date Approved _____
Credit Code/Remark _____	
Approved By _____	

CREDIT LIMIT REQUESTED \$ _____

YEAR BUSINESS STARTED _____

D & B NUMBER _____

REQUEST FOR BANK CREDIT INFORMATION

Please provide bank credit information on the account below. This information is requested for use in the extension of credit for business purposes only and will be held in strict confidence.

APPLICANT – PLEASE SIGN AND PROVIDE THE BANK ACCOUNT NUMBER BELOW

SUBJECT: _____
(Company on which inquiry is made)

_____ Date

(Street Address)

FROM: PAPER MART
2164 N. Batavia St.
Orange, CA 92865
Phone # (714)787-4900
Fax # (714) 279-3795

(City, State, Zip)

X _____
Bank Account Number
Your Banks FAX# _____

X _____
Customer's Manual Signature Authorizing Release

(Inquirer's manual signature)

To: _____
(Bank Name)

(Street Address)

(City, State, Zip)

(Print or type name of inquirer)

(Inquirer's title)

BANK TO COMPLETE THIS SECTION

Our experience with the subject has been:

Depository accounts: Date(s) opened _____ Average Balances _____

If closed, when? _____

Experience and comments (NSF history?) _____

(Manual signature of banker)

(Print or type name of banker)

(Banker's title) (Date)

CREDIT INFORMATION

Trade Ref _____ Acct # _____

Address _____

City _____ State _____ Zip _____

Phone (_ _) _____ Fax (_ _) _____

Email _____

OFFICE USE ONLY

Trade Ref _____ Acct # _____

Address _____

City _____ State _____ Zip _____

Phone (_ _) _____ Fax (_ _) _____

Email _____

Trade Ref _____ Acct # _____

Address _____

City _____ State _____ Zip _____

Phone (_ _) _____ Fax (_ _) _____

Email _____

GENERAL RESALE CERTIFICATESTATE OF CALIFORNIA
BOARD OF EQUALIZATION**If you will be purchasing for resale, please complete the Resale Certificate below in its entirety.****California Resale Certificate****I HEREBY CERTIFY:**

1. I hold valid seller's permit number: _____
2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ Paper Mart _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale, or to be combined with tangible personal property for resale: THIS IS A REQUIRED FIELD, DO NOT LEAVE BLANK OR SALES TAX WILL BE CHARGED.

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME ON SELLER'S PERMIT _____

SIGNATURE OF CUSTOMER, CUSTOMER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____



PRINTED NAME OF PERSON SIGNING _____

TITLE _____

ADDRESS OF CUSTOMER _____

TELEPHONE NUMBER _____

() _____

EMAIL _____

DATE _____

Remember to sign this form*Print, sign and fax or mail to:***Paper Mart, 2164 N. Batavia Street, Orange, CA 92865 Fax (714) 279-3791****OR***Scan and email to: resalecards@papermart.com*

DO NOT SEND A COPY OF YOUR RESELLER'S PERMIT TO US, IT WILL NOT BE CONSIDERED AS A VALID RESALE FORM.

PM USE ONLY

RETAIL OFFICE JANITORIAL FOOD PACKAGING ALL

CUSTOMER NUMBER: _____

TERMS AND CONDITIONS

Please Read Carefully

OPEN ACCOUNT

We do sell and maintain open accounts for qualified customers. **Terms of payment for PAPER MART are NET 20 DAYS**, no discounts allowed. Terms stated on our website www.papermart.com and on our invoice are understood and accepted. 18% finance charge will be billed for unpaid invoices beyond our terms. In the event collection is required for past due invoices, customer agrees to pay costs and attorney fees incurred.

There is a separate \$1.50 Billing Charge for each separate invoice, except for back orders. All of our products are priced accordingly.

Customer agrees to inform Paper Mart in writing immediately of any company name change, new ownership or new business address. An updated credit application may be required.

PAPER MART reserves the right at any time to revoke any credit extended to customer because of customer's failure to pay for goods when due, or for any other reason deemed good and sufficient.

RETURN CHECKS

Should denial of payment by customer's bank occur for any reason of insufficient funds or credit problems, customer agrees to pay \$25.00 handling charge for the first item returned and \$35.00 for each subsequent unpaid item to PAPER MART. Your account will be placed on a six month probation period in which you will be required to pay by credit card or by cash if your orders qualify to be delivered by our own PAPER MART trucks. Paper Mart reserves the right not to accept a check for any reason deemed good and sufficient.

CREDIT CARD PAYMENT

We accept Visa, Master Card, Discover and American Express. Signature may be required.

OUR TRUCK LOCAL DELIVERY

Order before 3 PM, Pacific Time and have your order the next business day (some restrictions do apply). We have a flat \$15.95 delivery charge. For orders over \$300.00, this charge is waived. Next day delivery may not apply to orders under 50 lbs. PAPER MART will make up to two delivery attempts during regular delivery hours, and then reserve the right to either cancel or charge additional delivery charges.

SHIPPING

Local orders less than 50 lbs. will be shipped via Fed Ex Ground. We charge a standard packaging fee of \$3.00 for orders under \$15.00. For orders not delivered by a Paper Mart truck, we ship anywhere in the United States via Fed-Ex UPS, USPS, or common carrier (at discounted rates). PAPER MART shall not be held liable for failure to deliver goods or delays in delivery of goods occasioned by causes beyond its control. This includes without limitation to strikes, lockouts, fires, embargoes, war or other outbreaks of hostilities, acts of God, inability to obtain shipping space, machinery breakdowns, delays of carriers or suppliers, and governmental acts or regulations.

PRICING & PRODUCT

All prices, terms and conditions are subject to change without notice. The use of products for other than their intended use, improperly following written instructions, or not heeding hazards stated, renders PAPER MART and PAPER MART'S suppliers harmless and not liable. Paper Mart guarantees you the lowest prices. In the event you find a lower advertised price for an identical item and quantity, just call our customer service department or email them at customerservice@papermart.com and tell them where you found it. We will match or beat any competitor's nationally advertised price either before or up to 10 days after you order.

RETURNS

Returned merchandise will be accepted for a refund or credit within 30 days from date of receipt and if received by Paper Mart's warehouse in 100% saleable condition and must be accompanied with a Return Merchandise Authorization (RMA) number and date of purchase. A 20% restocking fee will be charged on merchandise received after 30 days. Defective claims will be accepted within 90 days for a full refund (restocking fee will not apply). Returns are subject to shipping and/or handling charges.

Custom and factory direct items are not returnable unless damaged or defective. We are unable to accept any return of merchandise after 90 days from date of receipt.

REFUNDS

If payment was made by credit card, your credit card will be credited. If payment was made by check we must allow two weeks for payment to clear before refund is issued.

SPECIAL & CUSTOM ORDERS

All non-stock and/or custom products require a written purchase order for open accounts. A written purchase order plus 50% deposit may be required.

Any questions to the above, please contact our accounting office at 714-787-4900 or fax at 714-279-3795.

07/2014