

Total Paper and Packaging Inc

2175 Agate Ct. Unit A Simi Valley CA 93065-1839

PHONE: (818) 885-1072 FAX: (818) 885-0574

CREDIT APPLICATION

Legal Company Name:	
DBA Name:	
President/Owner: A/P Contact: Billing Address:	Shipping Address:
Phone: Fax:	

BANKING REFERENCE:	Federal ID #: State Resale Permit #:
Bank Name:	Contact:
Address:	Tel #
Phone: Fax:	Account No.:
	Type of Account:

We charge \$60 for returned checks and 2% interest on overdue accounts. Our terms are Net 30 Days on OAC. Goods sold will remain the property of Total Paper and Packaging Inc till paid in full. We will charge you all the legal and other fees associated with recovering our payments from you.

TRADE REFERENCNS:

Name:
Address:
Phone: Fax:

Name:
Address:
Phone: Fax:

Name:
Address:
Phone Fax:

I/We authorize Total Paper and Packaging Inc to do Credit and Bank check on all our accounts.
I/We agree to all the terms and conditions listed above.

Authorized Signatory: _____

Name: _____ Title: _____ Date: _____