



Please complete all sections and return to: [info@ipproducts.com](mailto:info@ipproducts.com)

**(Incomplete information may delay your request, please fill all spaces)**

Name of Firm or Individual

Billing Address  City  State

Zip Code  Phone #  County

**APPLICANT HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE FOLLOWING TERMS AND**

**CONDITIONS:** Payment terms are shown on invoice. Service charge of 1-1.5% per month (18% per year) charged on past due invoices. In the event this account becomes delinquent and is turned over to an attorney or any collection agency for collection, the purchaser shall pay collections fees and/or attorney fees not exceeding 30% plus court costs, serving costs, and/or any other miscellaneous expense incurred as a result of purchaser's failure to pay.

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Corporation  Incorporated within past 12 months  Partnership  Individual  NYSE

**Number of years in business**  **SS# or FEIN**

**PHYSICAL ADDRESS:**

Address  City  State  Zip

**OWNERSHIP:**

1. Principal Name  Address

Zip Code  Phone #  Email

2. Principal Name  Address

Zip Code  Phone #  Email

**ACCOUNTS PAYABLE:**

Contact  Phone #

Email

**REFERENCES:**

1. Business Name  Address

Zip Code  Phone #  Contact Name

2. Business Name  Address

Zip Code  Phone #  Contact Name

3. Business Name  Address

Zip Code  Phone #  Contact Name



**BANK REFERENCE:**

Bank Name  Address  Zip   
Officer/Department  Account #   
Phone #  Email

Do you use any of the following for payments?  Credit/Debit Cards  Procurement Card  
 Electronic Funds Transfer  ACH

**If credit card purchases are preferred, please provide the following information:**

Card type:  MasterCard  Visa  Discover Card  
Card Number  Expiration Date  /

**The above payment method will be used until credit approval.**

**We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We authorize references including our bank reference to provide credit information to Industrial Paper Products, Inc.**

Signature  Date   
Title  Email

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**FOR INTERNAL USE ONLY**

Account #  Reference Results   
 Credit **Approved**  Credit **Refused** Credit Limit \$   
References Checked by  Date