



12601 E 33rd Ave, Suite 109  
 Aurora, CO 80011  
 Phone 303-341-2990  
 Fax 303-341-2995  
 Wats 800-654-5432

## CUSTOMER INFORMATION AND CREDIT AGREEMENT

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Account Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address \_\_\_\_\_

Shipping City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

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### Proprietors/Partners/Officers Information

Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

  

Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

  

Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Corporation Information

State in which incorporated \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurere \_\_\_\_\_

### Bank Reference

Bank Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_ Your Personal Contact \_\_\_\_\_

Account Type \_\_\_\_\_ Account Number \_\_\_\_\_

# Credit References

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

**Terms and Conditions of Sale.**

Payment due on or before the twentieth day after the invoice date. Purchaser agrees to pay all collection costs and attorney's fees necessary to collect past due amounts. This offer limited only to these terms. The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Sunshine Paper Company, LLC to investigate references listed and any other sources of credit information pertaining to my/our credit and financial responsibility.

Purchaser agrees to immediately notify Sunshine Paper Company, LLC in writing, of any changes in ownership or legal entity from that described herein.

Date \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co Rep \_\_\_\_\_ Signature of Co Rep \_\_\_\_\_

Print Name Co Rep \_\_\_\_\_ Print Name Co Rep \_\_\_\_\_

Title of Co Rep \_\_\_\_\_ Title of Co Rep \_\_\_\_\_