

# Wilcox Paper LLC

*Your independent Merchant for over 80 years.*

11100 Jefferson Highway N • Champlin, MN 55316

Telephone 763-404-8400 • Fax No. 763-404-8401 • Website <http://www.wilcoxpaper.com>

## CREDIT APPLICATION

Company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bill to Address

(If Different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Type of Ownership:                      Proprietorship                      Partnership                      Corporation

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

Owners or Officers: \_\_\_\_\_

## BANK REFERENCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

## BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED

Name	Address	Telephone	Fax	Contact
1. _____				
2. _____				
3. _____				
4. _____				

## TERMS OF SALE

PLEASE INCLUDE A COPY OF YOUR REGISTRATION EXEMPTION FORM WITH IDENTIFICATION NUMBER OR TAX WILL BE CHARGED.

For the purpose of establishing credit with creditor I/we, the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification. I understand that (1) Payment terms are 2% 10th approx from the date of invoice and hereby agree to proper payment in Consideration of extended credit. (2) Seller reserves the right to access a service charge of 1.5% per month on accounts past due and to collect all costs including a reasonable attorney's fee if the account must be placed for collection. Service charge will be added to unpaid items on the 1st day of the 3rd month following invoice date. (3) The right to withdraw this credit privilege at any time reserved. (4) Credit limits established hereunder shall be optional and are subject to revision. (5) All merchandise/services will be a cash basis until credit is approved. By means of the signature below, I certify that I am authorized to apply credit on behalf of the above named firm or corporation and that all stated herein is true and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM MUST BE SIGNED OR WILL NOT BY ACCEPTED**