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**Credit Application**  
ALL MAJOR CREDIT CARDS ACCEPTED

Name of Company \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ P.O. Box \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Corporation  Partnership  Other \_\_\_\_\_ Accts. payable contact \_\_\_\_\_

Authorized purchasers \_\_\_\_\_ Phone \_\_\_\_\_

Year established \_\_\_\_\_ How long at present address \_\_\_\_\_ Resale tax number \_\_\_\_\_

Annual sales volume \_\_\_\_\_ Credit line requested \$ \_\_\_\_\_ Annual volume of carbonless paper purchased \$ \_\_\_\_\_

Average aging of accounts payable \_\_\_\_\_ Are financial statements available? \_\_\_\_\_ If so, please attach copy

Bank Name \_\_\_\_\_ Acct.# \_\_\_\_\_ Date opened \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_  Checking  Loan  
 Savings  Other \_\_\_\_\_

Previous Supplier \_\_\_\_\_

Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

***The following are five trade references from companies we are presently doing business with:***

Company Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

**1. I hereby authorize our bank(s) or trade references to release any information necessary to assist Specialty Papers & Supplies in order to establish a line of credit with them.**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**2. I sign this credit application, in full agreement with the terms of payment. All invoices will be paid within thirty (30) days of invoice date. Statements will only be sent upon request. Late fee of 1 1/2% will be charged on past due balances.**

Name \_\_\_\_\_ Date \_\_\_\_\_