

# THE Independent Paper Group, L.L.C.

807 HAMPDEN AVENUE • ST. PAUL, MN 55114 • PH: 651-644-6800 • FAX: 651-644-6801

## CREDIT APPLICATION

Please return via fax to  
651.644.6801  
Attn: Credit Dept.

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

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer/ Contact: \_\_\_\_\_ Acct.#: \_\_\_\_\_

### Credit References: (Paper Related)

	<u>Name</u>	<u>Address</u>	<u>Phone/ Fax</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Estimated Purchases      Yearly: \_\_\_\_\_ Monthly High: \_\_\_\_\_

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## CREDIT APPLICATION (continued)

### Company Information:

Type of Ownership: \_\_\_\_\_ Fein#: \_\_\_\_\_

SS#: (Needed if Sole Proprietor) \_\_\_\_\_

Number of years in business: \_\_\_\_\_

### Officer or Principals:

	<u>Name</u>	<u>Address</u>	<u>Title</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\* Please complete the State Tax Resale Certificate.

Applicant agrees to pay any collection costs incurred in collecting their account balance, including reasonable attorney fees and service/ interest charges. The undersigned acknowledges that they have not withheld any information that may affect their ability to meet their obligation in a timely manner, and warrants that the information submitted is true and correct. Authorization is given to release all requested credit information to Independent Paper Company to process their request for a line of credit.

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

Date: \_\_\_\_\_

To Our Customers:

Due to the laws governing Sales and Used Tax, we must have a signed and dated certificate from your company stating whether your purchases from us will be taxable or non-taxable. Printed below is the necessary exemption form, which you should fill out and return to the Requestor within seven days.

Your cooperation in this matter will be greatly appreciated and relieve us of unnecessary Sales and Use Tax invoicing.

### **CERTIFICATE OF EXEMPTION**

The purchaser hereby certifies that purchases from the Requestor of tangible personal property on or after the date of this certification are exempt from the Sales and Uses Taxes for the reason(s) indicated below:

\_\_\_ Purchases are for resale: Resale number: \_\_\_\_\_

\_\_\_ Purchases are to be incorporated in a different form to be resold at a later time.

\_\_\_ Other (please specify) \_\_\_\_\_

The Purchaser understands that the claimed exemption must be pursuant to the Sales and Use Tax laws of the State into which the tangible personal property is shipped. This certificate will continue in force until revoked in writing. The Purchaser is in the business of:

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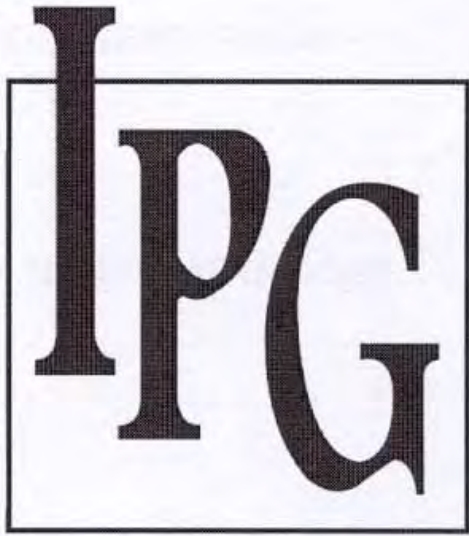
And a brief description of the tangible personal property purchased is:

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Purchaser \_\_\_\_\_

By \_\_\_\_\_  
signature and title

Date \_\_\_\_\_



## Fax Cover Sheet

**The Independent Paper Group, L.L.C**  
**807 Hampden Ave**  
**Saint Paul, MN 55114**

**Phone: 651-644-6800 Fax: 651-644-6801**

To: Human Resources

From:

Fax:

Pages:

Phone:

Date:

Re: Credit Application

CC:

- Urgent     For Review     Please Comment     Please Reply     Please Recycle