



Western Paper Distributors

FACSIMILE TRANSMISSION COVER SHEET

DATE: _____

To: Customer Care Dept (Acct Implementation)

Fax #: 303/371-6111

From: _____

Phone #: _____

Number of Pages (including cover): _____

Comments:

Arizona

5502 W. Buckeye Rd.
Phoenix, AZ 85043
(602) 269-5053
(602) 269-8289 Fax

Colorado

11551 E 45th Ave, Ste. A
Denver, CO 80239
(303) 371-6000
(303) 371-6111 Fax

New Mexico

8000 Blue Water NW, Ste. D
Albuquerque, NM 87121
(800) 835-4812
(303) 371-6111 Fax



Terms with Western Paper

Western Paper Distributors offers three payment terms options. Customers may pay for orders by credit card, C.O.D., or Credit Terms (NET 20). Here is a brief description these payment options and the process we take to establish your requested method.

COD:

Western Paper accepts payment at the time of delivery. Payment can be in the form of a personal, business or cashier's check (no cash please). All COD orders provide pricing and the order total on the shipping document, so you will be able to see the amount you will be charged at the time of delivery. We require the first page of the New Account Application to be completed with signature to set up a COD account. No Credit Checks are run for COD terms.

Credit Card:

We accept Credit Card accounts with a completed and signed first page of the New Account Application. Western Paper accepts Visa and MasterCard. We do not charge the credit card until the order has been delivered. You will receive an post delivery invoice via your chosen method of delivery (e-mail, mail or fax) after we have charged your credit card for your records.

Credit Terms (NET 20):

Western Paper offers the ability for customers to receive product and maintain a line of credit to pay for orders. We require that the first and second pages of the New Account Application are completed and signed to establish an account. We require a minimum of three trade references and a bank reference (with an account number) to process the credit inquiry. The last page of the New Account Application (Personal Guarantee) can be submitted; and can often times be used as a trade reference in the event that other references are not adequate. Western Paper offers NET 20 payment terms on all Billing Terms accounts. When verifying trade references (pg 2 of application) personal credit is not included. We will only check an individual's credit should a Personal Guarantee be submitted. This process can take up to two weeks to complete, depending on the number and the quality of the references.

Additional Notes:

Western Paper offers the ability to for an account to change their terms at any time. Accounts that are established with Credit Terms can request that individual orders are processed COD or Credit Card by simply telling the Customer Service Representative to enter the order with those terms. A COD or Credit Card account must go through the credit checking process to switch an order to NET 20 Credit Terms.

Please feel free to contact us if you have any questions regarding the Terms that Western Paper offers.

WESTERN PAPER DISTRIBUTORS, INC.

PO BOX 17425 DENVER, CO. 80217-7425

FAX THE COMPLETED APPLICATION TO 303/371-6111

CREDIT DEPT. 303/371-8710 FAX 303/371-6111

CUSTOMER SERVICE 303/371-6000 FAX 303/574-0885

NEW ACCOUNT APPLICATION

Sales Representative: _____

DATE: _____

TO BE COMPLETED BY APPLICANT: (PLEASE TYPE OR PRINT)

Legal Business Name: _____ (“APPLICANT”)

Trade Name (s) / DBA: _____

Mailing Address: _____

Delivery Address: _____

Within City Limits?: YES/NO

Phone# _____

Fax# _____

E-Mail: _____

TYPE OF BUSINESS:

Corporation – Indicate Principals:

Number of years under current ownership: _____

Has Principal or owner ever claimed bankruptcy? _____

Number of Employees: _____

Other locations currently owned: _____

Partnership – Indicate Partners:

Type of Business: _____

State Tax Exempt / Resale # (must attach copy of certificate)

Proprietorship – Indicate Owner:

Federal ID#: _____

Terms Requested: Credit Card: _____ COD _____ NET 20 _____

Upon credit approval, Western Paper Distributors’ standard payment terms are Net 20 days. The undersigned hereby certifies that he / she is an owner, officer, and / or manager of Applicant authorized to execute this Application on behalf of Applicant, and warrants the accuracy and completeness of the information contained in this Application. Applicant agrees to notify Western Paper in writing within 30 days if parties responsible for payment changes. If no notification is given, Applicant agrees to pay Western Paper. In the event that any invoice is not paid when due, the Applicant agrees that in addition to all other remedies, Western Paper Distributors, Inc. shall be entitled to recover all of its attorneys’ fees and costs incurred in collecting the amount owed and late charges equal to the maximum amount allowed by law or 1.5% per month, whichever is greater, on any balances 30 days or more past due, from Applicant. All returned checks will be subject to a \$25.00 NSF fee. In the event of any legal action relating to this Application or any other agreement between Applicant and Western Paper Distributors, Inc., the parties agree to submit such controversy or dispute only to the jurisdiction of the City and County of Denver District or County Courts. Additionally, the Applicant hereby agrees to indemnify and save harmless Western Paper Distributors, Inc., its directors, officers, agents, successors and assigns from all claims, damages, demands, suits, liabilities or causes of action of every kind and nature whatsoever that are a result of any misuse of, or damage to, the products purchased from Western Paper Distributors, Inc., by the Applicant’s employees, agents, and customers. Finally, the parties agree that any term or condition of this Application found to be prohibited by law shall be ineffective only to the extent of such prohibition without invalidating the remaining terms and conditions of this Application.

Applicant _____

(Signature - Required)

(Title)

(Date)

TRADE REFERENCES

(PLEASE PRINT AND INCLUDE COMPLETE ADDRESSES AND TELEPHONE NUMBERS)
(PROVIDE AT LEAST 3 TRADE REFERENCES. A COMPLETE LIST OF 6 WILL EXPEDITE THE PROCESS)

1. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____
Fax # (____) _____
Your Account #: _____

4. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____
Fax # (____) _____
Your Account #: _____

2. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____
Fax # (____) _____
Your Account #: _____

5. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____
Fax # (____) _____
Your Account #: _____

3. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____
Fax # (____) _____
Your Account #: _____

6. Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____
Fax # (____) _____
Your Account #: _____

BANK REFERENCES

(Please print and include complete addresses, telephone numbers, and account number information)

1. Name of Bank: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____ Fax # (____) _____
Checking Account #: _____ Savings Account #: _____
Loan Account #: _____

2. Name of Bank: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone # (____) _____ Fax # (____) _____
Checking Account #: _____ Savings Account #: _____
Loan Account #: _____

Statement of Release: The Applicant hereby authorizes the references listed in this application to provide Western Paper Distributors, Inc., with information pertaining to applicant's credit and financial responsibility. Further, Applicant authorizes Western Paper Distributors, Inc. to obtain any and all credit reports deemed necessary to evaluate applicant's credit.

Applicant _____
(Signature - Required) **(Title)** **(Date)**

CONTINUING PERSONAL GUARANTY

For value received and to induce Western Paper Distributors, Inc. to extend credit to Applicant, I (the undersigned), individually, jointly and severally guarantee payment, and irrevocably and unconditionally promise to pay all amounts owed and to be owed by Applicant to Western Paper Distributors, Inc., including, but not limited to, all charges for goods delivered, attorney's fees, costs, and late charges equal to the maximum amount allowed by law or 1.5% per month, whichever is greater. Further, I hereby consent to modification of any terms between Applicant, including, but not limited to, modification of charges and extensions of time granted for payment of any amounts. I further agree to permit Western Paper Distributors, Inc. to obtain any and all of my credit reports. In the event of any legal action relating to this Guaranty or any other agreement between the undersigned and Western Paper Distributors, Inc. the parties agree to submit such controversy or dispute only to the jurisdiction of the City and County of Denver District or County Courts.

NAME: _____

SIGNATURE: _____

BIRTHDATE: _____ SOCIAL SECURITY#: _____

HOME ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE: _____

CURRENT EMPLOYMENT: _____

FORMER ADDRESS: _____

FORMER EMPLOYMENT: _____

NAME: _____

SIGNATURE: _____

BIRTHDATE: _____ SOCIAL SECURITY#: _____

HOME ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE: _____

CURRENT EMPLOYMENT: _____

FORMER ADDRESS: _____

FORMER EMPLOYMENT: _____