

3950 "D" Street  
PO Box 3648  
Omaha, NE 68103  
402-733-3600



713 S.E. Dalbey Dr.  
Ankeny, IA 50021  
515-964-7085

### CREDIT APPLICATION

Company Name (exact): \_\_\_\_\_ Sales Tax No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner's Name(s): \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Order Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Year Incorporated: \_\_\_\_\_ State: \_\_\_\_\_ Annual Sales: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_  
Field Paper Sales Representative: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

### BANK REFERENCE

Name of Bank: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_

### BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED

Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TERMS OF SALE

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

For the purpose of establishing credit with creditor I, the undersigned, warrant the financial information above 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 1% if received by the 10th of the month following the month of purchase and hereby agree to proper payment in consideration of extended credit. (2) Seller reserves the right to assess 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 1<sup>st</sup> day of the 3<sup>rd</sup> month following invoice date. (3) Seller reserves the right to withdraw this credit privilege at any time. (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 for credit on behalf of the above named firm or corporation and that all stated herein is true and accurate.

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

Please return by fax: 402-731-7113 or email: [slackey@fieldpaper.com](mailto:slackey@fieldpaper.com)