



12601 E 33rd Ave, Suite 109
 Aurora, CO 80011
 Phone 303-341-2990
 Fax 303-341-2995
 Wats 800-654-5432

CUSTOMER INFORMATION AND CREDIT AGREEMENT

Account Name _____

Parent Name _____

Type of Business _____

Phone Number () _____ Fax Number () _____

Billing Address _____

Billing City _____ State _____ Zip Code _____

Shipping Address _____

Shipping City _____ State _____ Zip Code _____

Purchasing Contact _____ Phone Number () _____

Accounts Payable Contact _____ Phone Number () _____

Proprietors/Partners/Officers Information

Name _____ Address _____

State _____ Zip Code _____ Social Security Number _____

Name _____ Address _____

State _____ Zip Code _____ Social Security Number _____

Name _____ Address _____

State _____ Zip Code _____ Social Security Number _____

Corporation Information

State in which incorporated _____ Date of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasurere _____

Bank Reference

Bank Name _____ Phone Number () _____

Address _____ Your Personal Contact _____

Account Type _____ Account Number _____

Credit References

1. Name _____ Address _____

Phone Number () _____ Fax Number () _____

2. Name _____ Address _____

Phone Number () _____ Fax Number () _____

3. Name _____ Address _____

Phone Number () _____ Fax Number () _____

Terms and Conditions of Sale.

Payment due on or before the twentieth day after the invoice date. Purchaser agrees to pay all collection costs and attorney's fees necessary to collect past due amounts. This offer limited only to these terms. The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Sunshine Paper Company, LLC to investigate references listed and any other sources of credit information pertaining to my/our credit and financial responsibility.

Purchaser agrees to immediately notify Sunshine Paper Company, LLC in writing, of any changes in ownership or legal entity from that described herein.

Date _____ Date _____

Signature of Co Rep _____ Signature of Co Rep _____

Print Name Co Rep _____ Print Name Co Rep _____

Title of Co Rep _____ Title of Co Rep _____