



New Account Application

Central Paper Products Co.
PO Box 4480
Manchester, NH 03108-4480

Name of Business _____

Billing Address _____ City / State / Zip _____

Shipping Address _____ City / State / Zip _____

Phone Number _____ Fax Number _____

Legal Entity Is: Corporation Federal ID # _____ Partnership Proprietorship

Established for _____ years Total # of employees _____

**If Partnership or Proprietorship, please list principal owner's / officer's complete names and addresses.
Social Security Numbers greatly speed up the application process.**

Name _____ Address _____ City / State / Zip _____ Soc. Sec # _____

Name _____ Address _____ City / State / Zip _____ Soc. Sec. # _____

Name of the person to contact regarding purchase orders and invoices.

Name _____ Address _____ City / State / Zip _____ Phone _____ Email _____

**We will send your statements electronically via fax or email. You will need Adobe Acrobat to view emailed statements.
Please select how you would like your statements sent.**

Email Email Address _____ Fax Fax # _____

Bank References

Checking

Bank _____ Account # _____

Address _____ City / State / Zip _____

Loans

Bank _____ Loan # _____

Address _____ City / State / Zip _____

Trade References - (Complete information will expedite approval process)

Name _____ Address _____ City / State / Zip _____ Fax # _____

Name _____ Address _____ City / State / Zip _____ Fax # _____

Name _____ Address _____ City / State / Zip _____ Fax # _____

Our firm is financially able to meet any commitments we will make and we expect to pay your invoices according to your terms (1% 10 Net 20 days). Past due accounts are subject to a 1 1/2% service charge per month at the rate of 18% per annum. I hereby authorize Central Paper to check my credit history with the aforementioned vendors. If it is necessary for Central Paper Products Co, Inc. to incur collection costs for any amount due under this agreement, the herewith promises to pay any additional costs including reasonable attorney's fees.

Signed By _____

Date _____ Title _____

Contact Us:
603.624.4064
1.800.339.4064
Fax 603.624.8795
remit@centralpaper.com