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400 Oser Avenue
Suite 1300
Hauppauge, NY 11788

NEW CUSTOMER CREDIT APPLICATION

Company Name: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

Email address*: _____

Corporate Name (if different from above): _____

Type of Business: Corporation Partnership Individual Owner

Names of Owners/Officers: President: _____

Vice- President: _____

Secretary: _____

Treasurer: _____

Accounts Payable Contact: _____ Phone: _____ Ext. _____

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Are the products being purchased for RESALE? Y N (please circle one)

Are the products being purchased EXEMPT FROM SALES TAX? Y N (please circle one)

If YES, Resale/Tax Exempt Certificate number: _____

Please also complete the appropriate Resale/Exempt form and forward for our records.

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Our Terms of Payment: 1% 10 Days - Net 30

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CREDIT REFERENCES: Please be sure to include FAX NUMBERS for each reference given.

Bank Name: _____ Acct Type / # _____

Address: _____ Person to Contact: _____

FAX: _____

Trade Reference: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Trade Reference: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Trade Reference: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Authorized Signature / Title / Print Name / Date