



Application for Account

e-mail to: helpdesk@newellpaper.com

fax to: 662-329-4997

For assistance, contact your local office at: Phone: 662-327-1467
1616 7th Ave. South, Columbus, MS 39701 Toll Free: 800-844-1467

Firm Name: _____ Phone: _____

Owner: _____ Manager: _____

Accts Payable Contact: _____ Fax: _____

Address (Street address and PO Box, if applicable)

How long at present address? _____

Banks with: _____

Acct#: _____ Bank or Loan Officer: _____

List at least 5 references with whom applicant is doing business on a charge basis:

(Do not list banks or credit card companies)

**If listing a utility or phone company, please include an authorization letter for each to release credit information

| Business | Acct# | Phone# | Fax# |
|----------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I, the undersigned, agree to pay my account within terms stated. If the account becomes past due, I agree to pay the 1-1/2% service charge per month for all invoices not paid within 60 days. If there happens to be a returned check, I will be responsible to pay all fees. Also, I understand that if the account has to be turned over for collection, I will be responsible for those fees as well.

Signed: _____ Date: _____

Federal ID # or Social Security # _____