

IMPERIAL BAG & PAPER CO., LLC

David Pokorny

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Email: dpokorny@imperialbag.com
www.imperialbag.com

ACCOUNT MANAGER:**DATE:**

Corporate Name:

D/B/A:

of Yrs in Business:

Billing Address:

City:

State:

ZIP Code:

Phone:

Email:

A/P Contact:

A/P Phone:

A/P Fax:

A/P Email:

Other Accounts on File:

SHIP-TO-ADDRESS:

City:

State:

ZIP Code:

County:

Email:

Ship-To-Attention:

Receiving Hours:

This Entity is a: Corporation Partnership Sole Owner**FINANCIAL INFORMATION**

Type of Business

Approximate Monthly Purchases:

Bank of Deposit:

Bank Acct #:

Bank of Address

City:

State

ZIP Code:

Credit Card #:

 Business Personal

Credit Card Exp Date:

Card Verification #:

Credit Card Holder:

Billing Address:

 Charge Card Upon Invoicing Do Not Charge Card Until Approved Send Invoice With Delivery Mail Invoice Email Invoice Fax Invoice**AUTHORIZATION**

I, THE UNDERSIGNED, HEREBY AGREE THAT ALL PURCHASES MADE FROM IMPERIAL BAG & PAPER CO., INC. ARE DUE AND FULLY PAYABLE WITHIN THIRTY (30) DAYS FROM THE INVOICE DATE (UNLESS OTHERWISE INDICATED ON THE INVOICE). THE UNDERSIGNED ALSO AGREES TO PAY FINANCECHARGES FOR ANY OVERDUE INVOICES AT THE RATE OF 1% PER MONTH (18% PER ANNUM). THE UNDERSIGNED HEREBY ACCEPTS FULL LIABILITY FOR ANY COLLECTION FEES, LEGAL COSTS AND ATTORNEY FEES, INCLUSIVELY, DEEMED NECESSARY BY IMPERIAL BAG & PAPER CO., INC., TO SECURE PAYMENT OF ANY OVERDUE INVOICE(S). **THE UNDERSIGNED FURTHER AUTHORIZES IMPERIAL BAG & PAPER CO., LLC TO OBTAIN CREDIT INFORMATION PERTAINING TO THIS APPLICATION FROM ANY TRADE REFERENCES OR FINANCIAL INSTITUTION.**

SIGNATURE OF PRINCIPALS (MUST SIGN):**DATE:**

Principal name:

Social Security #:

Title:

Home Address:

City:

State:

ZIP Code:

Phone:

Email Address:

THE UNDERSIGNED DOES PERSONALLY GUARANTEE FULL PAYMENT OF ALL DEBTS INCURRED IN THE NAME OF THE BUSINESS AND HERBY FINDS HIM/HERSELF TO ALL TERMS OF THIS AGREEMENT, BOTH INDIVIDUALLY AND SEVERALLY WITH THE BUSINESS. THE UNDERSIGNED FURTHER AGREES TO PAY ALL COLLECTION AGENCY, ATTORNEY AND LEGAL FEES RELATING TO THE COLLECTION OF ANY UNPAID DEBT.

SIGNATURE:**S.S.#**

IB&P Imperial Bag and Paper Co., LLC

59 Hook Road, Bayone, New Jersey 07002

201-437-7440 Fax 201-437-7136

www.imperialbag.com

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Bank Verification

Date: _____

Your Bank's Name: _____

Your Bank's Fax: _____

To Whom It May Concern:

Your bank has been given as a credit reference by the following. Any information you give us will be appreciated and held in the strictest confidence.

New Customer's Name: _____

New Customer's Address: _____

ACCT NU#: _____

Authorized Signature for Release of Account Information: _____

(MUST SIGN HERE)

Date Account Opened: _____

Average Balance: _____ Any N/G Checks: _____

Borrowing: _____ Non-Borrowing: _____

How do you rate this customer? _____

Please Fax Your Reply to David

516-706-0833 Thank You!