



New Account Application

Please fax back to (909) 794-5484 or email to newaccounts@prpaper.com

P&R Sales Representative: **House Account**



1 BILLING INFORMATION:

"DBA" NAME: _____ A/P PHONE: _____
 BUSINESS NAME _____ A/P FAX: _____
 ADDRESS: _____ A/P CONTACT: _____
 ADDRESS: _____ A/P EMAIL: _____
 CITY: _____ STATE: _____ ZIP: _____

STATEMENTS WILL BE SENT VIA EMAIL
 CHECK BOX TO RECEIVE INVOICES VIA EMAIL

2 DELIVERY INFORMATION:

CHECK IF SAME AS BILLING

LOCATION NAME: _____
 ADDRESS: _____ CONTACT NAME: _____
 ADDRESS: _____ TITLE: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ SPECIAL DELIVERY INSTRUCTIONS: _____
 FAX: _____ PREFERRED DELIVERY HOURS: _____ to _____
 HOURS OF OPERATION: _____ to _____

3 COMPANY/OWNERSHIP INFORMATION:

TYPE: CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER
 FEDERAL TAX ID: _____
 OWNER/OFFICER NAME: _____
 STREET: _____
 CITY: _____ STATE: _____
 PHONE: _____ ZIP: _____
 FAX: _____ EMAIL: _____

Required for sales tax exemption
 RESALE CERTIFICATE ATTACHED
 NO RESALE CERTIFICATE ATTACHED
 _____ (Initial)
 (If Resale Cert. is not provided, tax will be charged on ALL items.)
 SSN: _____
 DL #: _____

4 BANKING INFORMATION:

BANK NAME: _____ EVER FILED FOR BANKRUPTCY?
 YES NO
 CHECKING ACCOUNT NUMBER: _____
 SAVINGS ACCOUNT NUMBER: _____ PENDING SUIT OR LITIGATION?
 YES NO

TRADE REFERENCES: Please do not list your current supplier or utilities.

COMPANY NAME: _____ PHONE: _____ ACCT #: _____
 COMPANY NAME: _____ PHONE: _____ ACCT #: _____
 COMPANY NAME: _____ PHONE: _____ ACCT #: _____

The undersigned warrants that the information contained in this credit application is true and accurate, and agrees that the Applicant Company will pay for all goods and services as they come due. In the event the account is turned over to an attorney or to a collection agency for collection, the undersigned agrees to pay collection agency or attorney's fees and costs incurred in collection. In the event of dispute or litigation between the parties, it is hereby agreed that jurisdiction and venue shall vest in San Bernardino County, California. The undersigned authorizes P & R Paper Supply Company, Inc. to make inquiries with any credit reporting agency, bank, or trade reference in connection with the extension of credit requested by the undersigned. The undersigned also hereby authorizes P&R Paper Supply to obtain personal credit reports on the principal(s) of the company that have signed below. In addition, I personally guarantee the performance of the company and/or corporation.

CUSTOMER SIGNATURE: _____ DATE: _____
 PRINTED NAME: _____ TITLE: _____
 GUARANTOR SIGNATURE: _____ DATE: _____

Southern CA
 1350 Piper Ranch Road
 San Diego, CA 92154
 619-671-2400

Northern CA
 2975 Volpey Way
 Union City, CA 94587
 510-732-1105

Corporate Office
 P.O. Box 590
 1898 E. Colton Ave
 Redlands, CA 92374
 909-794-1108

Las Vegas NV
 4432 Calimesa Street
 Las Vegas, NV 89115
 702-818-2491

Seattle WA
 7008 S 212th Street
 Kent, WA 98032
 909-794-1108