



national[®]
paper & sanitary supply
 Smarter. Faster. Simpler. Leading the Way.

402-330-4109 (fax)

Remit to:
 2511 S. 156th Circle
 Omaha, NE 68130

NEW ACCOUNT APPLICATION

All PAGES TO BE COMPLETED BY APPLICANT (Please type or print) Date: _____ rev'd 5.3.05

Method of Payment: Credit Card #: _____ Exp. Date: _____ (mm/yr) Visa ___ MC ___
 Credit Requested: Y N

Legal Business Name: _____ Number years in Business: _____

Trade Name(s): _____ Number of Employees: _____

Phone: _____ Fax: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Description of Business: _____

Facilities Mgr: _____ **Email Address:** _____

Purchasing Agent: _____ **Email Address:** _____

Accounts Payable: _____ **Email Address:** _____

Purchase Order required (circle): Yes / No _____

Anticipated Mo. Purch: _____ Fed ID # / Soc Sec #: _____

State Sales Tax #: _____ Item exempt from Tax: _____

Type of Business (Circle one): Corporation / Partnership / Proprietorship

Officer / Owners Name: _____ Address: _____ Phone: _____

Officer / Owners Name: _____ Address: _____ Phone: _____

Officer / Owners Name: _____ Address: _____ Phone: _____

Bank Reference

Bank Name: _____ Address: _____ Phone: _____

Phone #: _____ Officer name: _____

Type of Account (Circle one): Checking / Savings / Loan Account #: _____

Type of Account (Circle one): Checking / Savings / Loan Account #: _____

Trade References (Complete in full--Use largest suppliers--Applicant gives permission to obtain credit information)

OFFICE USE ONLY						
Date Open	High Credit	Total Sales	Last Sale	Curr Bal	Terms	Payment Record
Company Name: _____						
Address: _____						
Phone: _____						
Company Name: _____						
Address: _____						
Phone: _____						
Company Name: _____						
Address: _____						
Phone: _____						

Terms of Sale

The undersigned ("Applicant") certifies that the statements made in this application are true and accurate. Applicant acknowledges that National Paper and Sanitary Supply, Inc. will rely on the statements made in this application in assessing credit worthiness and extending credit to Applicant. By making this application, the applicant requests the company to sell and deliver goods to Applicant pursuant to the terms and conditions set by the company. Applicant acknowledges and agrees to Terms of Sale noted herein in addition to Terms of Sale posted and readily available at www.npaper.com.

Applicant acknowledges and expressly consents payments will be applied to past due amounts first. Claims must be made within 7 days of delivery. Special order, custom goods, and special printed items may not be returned. With regards to all other products, no returns after 30 days of delivery.

National Paper and Sanitary Supply's normal terms with all accounts is payment in full twenty-one (21) days after delivery date. Service charges of 1 1/2% per month shall accrue on goods delivered by the company to the Applicant, from the date each delivery is made, in the event the Applicant's account is not paid to the company according to the terms of payment specified by the company.

In the event that the account is placed with a collection agency or attorney for collection, the Applicant agrees to pay all cost of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced. In the event an action is commenced, Applicant, hereby submits to the jurisdiction of the courts of Douglas county in the State of Nebraska.

Applicant certifies it has not been denied a credit request in the prior 12 months and is in good financial standing. Furthermore, Applicant authorizes National Paper & Sanitary Supply to contact appropriate entities to obtain credit information and further authorizes those entities to provide any relevant credit information required and/or requested to National Paper & Sanitary Supply.

Signature / Title: _____ **Print Name:** _____ **Date:** _____

In order to induce, National Paper and Sanitary Supply, Inc. to extend credit to the Applicant, the undersigned ("Guarantor") hereby unconditionally and irrevocably guarantees payment of all sums due the company by Applicant, including service charges, all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced.

Guarantor waives notice of acceptance, protest, or demand. Guarantor further consents, in advance, to any extension or modification of the terms and conditions of the sales by the company without notice of the Applicant.

Guarantor Signature (Individual): _____ **Soc Sec #:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

GENERAL SALES TAX EXEMPTION CERTIFICATE

(May not be used as an AGRICULTURAL OR UTILITY EXEMPTION CERTIFICATE.)

Name: _____ **Account No:** _____

Address: _____

BLANKET SINGLE PURCHASE **DESCRIPTION OF ARTICLES** _____

- Sale to Retailer, Wholesaler or Manufacturer for Resale Only
- Sale of Manufacturing Machinery, tools and equipment to be used directly in direct production.
- Sales to Not-For-Profit Organizations, claiming exempt purchases pursuant to bulletin #10

NOTE: Many purchases by Not-For-Profit Organizations are subject to Sales Tax; Therefore, purchaser is cautioned to read bulletin #10 before signing this certificate.

- Sales to Governmental units
- Other (Explain)

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.

Signed: _____ **Title:** _____

COMPANY EXEMPTION CERTIFICATES ARE NOT VALID FOR PERSONAL PURCHASES