



Hawaii Paper Products
500 Kalaniana'ole Ave., Bldg. 4
Hilo, HI 96720

NEW ACCOUNT APPLICATION

Date: _____

COMPANY INFORMATION

Business Name: _____

Mailing Address: _____ City, State, Zip: _____

Shipping Address: _____ City, State, Zip: _____

Sole Proprietorship

Partnership

Limited Liability Company

Corporation

Type of Business: _____ Phone: _____ Fax: _____

Responsible Party/Parties: _____
Authorized Buyers: _____

How would you like to receive your statements? Fax Email

CONTACT INFORMATION:

Account Payables Contact Person: _____ Phone: _____

Delivery Contact Person: _____ Phone: _____

DISCLAIMER:

I agree to keep within your terms of Net 30 end of month. I agree to pay a late payment charge of 1.5% per month subject to a \$2.00 minimum per month on all overdue amounts. I further agree that should this account ever become delinquent and it be necessary to employ an attorney to collect or commence suite to enforce payment, I will pay a reasonable additional sum as attorney fees; also cost of suit.

I agree to pay the service charge of \$25.00 when deliveries are to be made on invoices under the minimum delivery amount of \$50.00.

Responsible Person Print: _____ Signature: _____

OFFICE USE ONLY

Date Entered: _____ Initials: _____ Account Number: _____

EMAIL ADDRESS: _____