



**HAWAII PAPER PRODUCTS INC.**

Credit Application

Date: \_\_\_\_\_

**COMPANY INFORMATION**

Business Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Delivery address: \_\_\_\_\_

Sole Proprietorship

Partnership

Limited Liability Company

Corporation

Type of business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year business started: \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

Responsible Party (Parties): \_\_\_\_\_

Authorized Buyers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wish to receive statements via  Fax  Email  No statement needed

**CREDIT REFERENCES** (Please list local and current references)

| Business Name | Contact Person | Phone Number(s) |
|---------------|----------------|-----------------|
| _____         | _____          | _____           |
| _____         | _____          | _____           |

**BANK INFORMATION**

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Contact Name: \_\_\_\_\_ 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.

Responsible Person Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Responsible Person Print: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Date entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Account Number: \_\_\_\_\_