

TRADE REF 3	NAME :
	ADDRESS :
	CITY/STATE/ZIP :
	PHONE : FAX :
	CONTACT :
	EMAIL ADDRESS :

TRADE REF 4	NAME :
	ADDRESS :
	CITY/STATE/ZIP :
	PHONE : FAX :
	CONTACT :
	EMAIL ADDRESS :

PURCHASING CONTACT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DO YOU PREFER ORDER CONFIRMATIONS EMAILED? _____

IS A PURCHASE ORDER NUMBER REQUIRED YES _____ NO _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DO YOU PREFER INVOICES TO BE EMAILED OR MAILED? _____

IS A DOCK TIME NEEDED FOR DELIVERY YES _____ NO _____

IF YES PLEASE LIST CONTACT _____ PHONE NUMBER _____

DOCK HIGH YES _____ NO _____

RECEIVING HOURS _____ DO YOU HAVE A FORKLIFT YES _____ NO _____

TAXABLE YES _____ NO _____ IF NO, INCLUDE EXEMPTION CERTIFICATE

SPECIAL INSTRUCTIONS: _____

IN CONSIDERATION OF CREDIT HEREAFTER GRANTED BY LEGACY PAPER AND PACKAGING (CREDITOR) TO THE ABOVE MENTIONED BUSINESS APPLICANT (DEBTOR), THE SIGNED HEREBY UNCONDITIONALLY GUARANTEES TO CREDITOR FULL PAYMENT WITHIN **TERMS OF 30 DAYS** (OR OTHERWISE STATED). IF ACCOUNT BECOMES PAST DUE, ORDERS ARE SUBJECT TO BE PUT ON CREDIT HOLD UNTIL THE ACCOUNT IS CURRENT. THERE WILL BE A \$25 CHARGE ON ALL NSF CHECKS RETURNED TO CREDITOR. IN THE EVENT OF NON-PAYMENT DEBTOR AGREES TO PAY ALL EXPENSES OF COLLECTION, INCLUDING COURT COST AND REASONABLE ATTORNEY FEES.

THE UNDERSIGNED VERIFIES ALL INFORMATION PROVIDED IS TRUE AND CORRECT, AND AUTHORIZES LEGACY PAPER AND PACKAGING TO CONTACT THE ABOVE TRADE REFERENCES IN ORDER TO ESTABLISH CREDIT WORTHINESS.

SIGNATURE

DATE