

CREDIT APPLICATION

PLEASE TYPE OR WRITE LEGIBLY---FILL OUT ENTIRELY

I UNDERSTAND THE ENTIRE APPLICATION MUST BE FILLED OUT BEFORE IT CAN BE PROCESSED AND THAT IT MAY TAKE 2 TO 3 WEEKS TO PROCESS THIS APPLICATION. I ALSO UNDERSTAND THAT NO ORDERS WILL BE RELEASED FOR SHIPMENT UNTIL MY CREDIT LINE HAS BEEN APPROVED UNLESS I SEND PAYMENT WITH ORDER OR CHARGE TO MY VISA OR MASTERCARD.

Business Name _____ Phone _____
 Owner: _____ Fax number _____
 DBA Name _____
 Address _____
 City _____ State _____ 9 Digit Zip Code _____

Is this a division or subsidiary YES NO If YES, list name of parent company below:
 Name _____
 Address _____ Phone _____
 City _____ State _____ 9 Digit Zip Code _____

Please Check One: Corporation Sole Proprietor Partnership

List Officers/Titles	Ownership Interest Percent
_____ President SS# _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____ V-Pres SS# _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____ Sec/Treas SS# _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Date Business Established _____ Federal ID # _____

Years Under Present Ownership _____

Have You Ever Been in Bankruptcy YES NO
 Are you currently involved or a party to any active on pending lawsuits YES NO

PLEASE NOTE: We cannot ship to P O Boxes. Please complete the following:

Shipping Address _____

City _____ State _____ 9 Digit Zip Code _____

Buyer/Purchasing Agent _____ Phone _____ Fax _____
 Email address _____

Accounts Payable Contact _____ Phone _____ Fax _____
 Email address _____

NATURE OF BUSINESS

- Buying & Marketing Group
- Catalog
- Mass Merchandiser
- OEM
- Office Machine Dealer
- Office Products Dealer

- Paper Merchant
- Stationery Supply
- Retailer
- Telemarketer
- Wholesaler

ESTIMATED ANNUAL PURCHASES FROM

- Under 1,000
- 1,000--5,000
- 5,000--10,000
- 10,000--25,000
- 25,000--50,000
- 50,000--100,000
- 100,000--250,000
- Over 250,000

PRODUCTS SOLD

- CALCULATOR ROLLS
- CARBONLESS ROLLS
- CASH REGISTER ROLLS
- CREDIT CARD ROLLS
- FACSIMILE ROLLS
- FINANCIAL DATA ROLLS

PRESENT SUPPLIERS FOR THESE PRODUCTS

- _____
- _____
- _____
- _____
- _____
- _____

BANK, SUPPLY, AND VENDORS TRADE REFERENCES:

PLEASE DO NOT USE "800" NUMBERS. PHONE NUMBERS LISTED SHOULD BE FOR CREDIT DEPARTMENTS AND BANK OFFICERS ABLE TO PROVIDE THE INFORMATION NEEDED TO HELP ESTABLISH CREDIT FOR YOU. TO AID US IN EXPEDITING YOUR APPLICATION PLEASE INCLUDE YOUR ACCOUNT NUMBER FOR EACH VENDOR LISTED BELOW. WE ARE MEMBERS OF THE BUSINESS PRODUCTS CREDIT ASSOCIATION. WE ARE NOT MEMBERS OF DUN & BRADSTREET, NOR ARE WE ABLE TO ACCESS INFORMATION FROM WILMER SERVICE, REYNOLDS & REYNOLDS, AND WE WILL NOT ACCEPT HOME MORTGAGE, UTILITY COMPANIES, AMERICAN EXPRESS, GASOLINE, VISA, OR MASTERCARD AS REFERENCES.

BANK REFERENCE:

BANK NAME _____ ADDRESS _____
 CITY, STATE, ZIP _____ CONTACT _____
 ACCOUNT NUMBER _____ PHONE _____ FAX _____

VENDOR REFERENCES:

1. COMPANY _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT _____
 PHONE _____ FAX _____ ACCOUNT NUMBER _____

2. COMPANY _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT _____
 PHONE _____ FAX _____ ACCOUNT NUMBER _____

3. COMPANY _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CONTACT _____
 PHONE _____ FAX _____ ACCOUNT NUMBER _____

X DOLLAR AMOUNT OF CREDIT DESIRED \$ _____

I AUTHORIZE THE ABOVE BANK AND TRADE REFERENCES TO RELEASE ANY PERTINENT INFORMATION TO RITEMADE PAPER CONVERTERS, INC. THIS AGREEMENT IS ENTERED INTO IN THE STATE OF MISSOURI, AND SHALL BE GOVERNED BY THE LAWS OF MISSOURI.

SIGNED

X _____ OWNER OR CORPORATE OFFICER

SALES TAX EXEMPTION

ISSUED TO: **RITEMADE PAPER CONVERTERS INC 1501 W 29TH ST KANSAS CITY MO 64108**

I CERTIFY THAT: _____
NAME OF FIRM

STREET ADDRESS OR PO BOX

CITY STATE ZIP CODE

IS ENGAGED AS A REGISTERED

- WHOLESALER
- RETAILER
- MANUFACTURER
- LESSOR
- OTHER _____

IS REGISTERED WITH THE BELOW LISTED STATES AND CITIES WITHIN WHICH YOUR FIRM WOULD DELIVER PURCHASES TO US AND THAT ANY SUCH PURCHASES ARE FOR WHOLESALING, RESALE, INGREDIENTS OR COMPONENTS OF A NEW PRODUCT TO BE RESOLD, LEASED, OR RENTED IN THE NORMAL COURSE OF OUR BUSINESS. WE ARE IN THE BUSINESS OF WHOLESALING, RETAILING, MANUFACTURING, LEASING, OR RENTING.

PRODUCT OR SERVICE RENDERED: _____

STATE SALES TAX NUMBER: _____

CITY SALES TAX NUMBER: _____

I FURTHER CERTIFY THAT IF ANY PROPERTY SO PURCHASED TAX FREE IS USED OR CONSUMED BY THE FIRM AS TO MAKE IT SUBJECT TO A SALES OR USE TAX WE WILL PAY THE TAX DUE DIRECT TO THE PROPER TAXING AUTHORITY WHEN STATE LAW SO PROVIDES OR INFORM THE SELLER FOR ADDED TAX BILLING. THIS CERTIFICATE SHALL BE PART OF EACH ORDER WHICH WE MAY HEREAFTER GIVE TO YOU, UNLESS OTHERWISE SPECIFIED, AND SHALL BE VALID UNTIL CANCELED BY US IN WRITING OR REVOKED BY THE CITY OR STATE.

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER:
BUSINESS MACHINE ROLLS

I SWEAR OR AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATTER

AUTHORIZED SIGNATURE(OWNER, PARTNER OR CORP OFFICER TITLE DATE

FINAL NOTE: PLEASE MAKE SURE APPLICATION HAS BEEN FILLED OUT IN FULL. ALSO THAT YOU HAVE SIGNED WHERE APPLICABLE BY THE XS, AND THAT YOU HAVE FILLED IN CREDIT LINE DESIRED AT BOTTOM OF PAGE 2. OUR FIRM IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE WILL MAKE AND WE EXPECT TO PAY YOUR INVOICES ACCORDING TO YOUR TERMS.

IN CONSIDERATION OF YOUR EXTENDING CREDIT TO THE NAMED APPLICANT, WE HEREBY GRANT YOU A SECURITY INTEREST IN THE GOODS YOU WILL SELL US FROM TIME TO TIME TO SECURE THEIR PURCHASE PRICE. WE FURTHER AGREE TO PAY ALL COSTS, APPELLATE COURT COSTS AND REASONABLE ATTORNEY FEES IF IT BECOMES NECESSARY TO PLACE OUR ACCOUNT FOR COLLECTION BECAUSE OF NON-PAYMENT BEYOND OUR TERMS.

SIGNED _____ DATE _____
OWNER OR CORPORATE OFFICE