



9355 Blue Grass Road • Philadelphia, PA 19114  
 Phone: 800-992-3430 • Fax: 215-618-0786 • www.pjponline.com

# CREDIT APPLICATION

TRADE NAME \_\_\_\_\_ CORPORATION NAME \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PJP SALES REP # \_\_\_\_\_ SALES REP NAME \_\_\_\_\_ EST. PURCHASE VOLUME \_\_\_\_\_  MONTH  YEAR

## PRINCIPALS

If Corporation, Name Officers / If Partnership Name All Partners / If LLC, Name All Members / If Sole Proprietorship Name Owner  
**NAME, TITLE SSN3/DATE OF BIRTH / DRIVERS LICENSE # RESIDENT ADDRESS PHONE**

## TRADE REFERENCES Please List 4 References

**SUPPLIER NAME ADDRESS ACCOUNT # PHONE**

## CONTACT PERSON FOR BILLING

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
 HOW LONG IN OPERATION \_\_\_\_\_ HOW LONG AT CURRENT LOCATION \_\_\_\_\_  
 ANY OTHER LOCATIONS/BUSINESSES:  YES  NO IF LESS THAN 3 MONTHS: PRIOR BUSINESS \_\_\_\_\_  
 YEAR OPENED \_\_\_\_\_ UNTIL \_\_\_\_\_ LIST REFERENCES ABOVE FOR PREVIOUS BUSINESSES \_\_\_\_\_  
 BUILDING OWNED  LEASED  TYPE OF BUSINESS:  CORPORATION  PARTNERSHIP  LLC  PROPRIETORSHIP  
 NAME OF LANDLORD / MORTGAGE CO \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## BANK INFORMATION

NAME / ADDRESS OF BANK \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CHECKING  SAVINGS  LOAN ACCOUNT # \_\_\_\_\_  
 NAME / ADDRESS OF BANK \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CHECKING  SAVINGS  LOAN ACCOUNT # \_\_\_\_\_

I hereby Authorize \_\_\_\_\_ and their agents to verify information with my bank and I further authorize my bank to release such information to them.  
 This application extends to and includes any and all interest due or to become due together with any and all costs and expenses, including but not limited to collection agency fees, attorney fees and court costs by \_\_\_\_\_, or its affiliates or subsidiaries in connection with any matter covered by this guarantee.

**AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

## PERSONAL GUARANTEE

The undersigned (jointly and severally) in consideration of your extending credit to the above named applicant, do hereby unconditionally guarantee payment of all indebtedness, liabilities or obligations, said applicant shall at any time owe to \_\_\_\_\_, OR ANY OF ITS SUBSIDIARIES OR AFFILIATED COMPANIES.

This guarantee extends to and includes any and all interest due or to become due together with any and all costs and expenses, including but not limited to collection agency fees, attorney fees and court costs by \_\_\_\_\_, or its affiliates or subsidiaries in connection with any matter covered by this guarantee.

This guarantee shall be a continuing, absolute, and unconditional guarantee and shall remain in full force and effect until expressly revoked by written notice from the undersigned sent certified mail, return receipt requested, and also, until all of said indebtedness, liabilities, and obligations created before such notice shall be fully paid.

**GUARANTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



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## **BANK AUTHORIZATION FORM**

**ACCOUNT #** \_\_\_\_\_

**BANK NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the above mentioned bank to disclose the following account information for the sole purpose of establishing credit terms with Penn Jersey Paper Company.

Request for bank credit information.

The above account has given your bank as a reference in applying for credit. All information will be held in strict confidence.

We would greatly appreciate your assistance in completing the information above.

Regards,

Lisa Furia-Cruz  
Controller  
Penn Jersey Paper Company  
9355 Blue Grass Road  
Philadelphia, PA 19114



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## CREDIT CARD AUTHORIZATION FORM

I hereby give the written authorization to Penn Jersey Paper Company to use the following credit card information for the sole purpose of processing outstanding invoices incurred from purchases made.

COMPANY NAME \_\_\_\_\_

OWNER/PRINCIPAL SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

### CREDIT CARD

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CVV # \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CARD TYPE:  AMERICAN EXPRESS  VISA  MASTERCARD  DISCOVER

SUBJECT to 3.5%  
Processing Fee

SUBJECT to 3.0%  
Processing Fee