



Application for Account

e-mail to: helpdesk@newellpaper.com

fax to: 601-352-0142

For assistance, contact your local office at: 4400C Mangum Drive, Flowood, MS 39232	Phone: 601-360-9620 Toll Free: 800-844-5449
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Firm Name: _____ Phone: _____

Owner: _____ Manager: _____

Accts Payable Contact: _____ Fax: _____

Address (Street address and PO Box, if applicable)

How long at present address? _____

Banks with: _____

Acct#: _____ Bank or Loan Officer: _____

List at least 5 references with whom applicant is doing business on a charge basis:

(Do not list banks or credit card companies)

**If listing a utility or phone company, please include an authorization letter for each to release credit information

Business	Acct#	Phone#	Fax#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, agree to pay my account within terms stated. If the account becomes past due, I agree to pay the 1-1/2% service charge per month for all invoices not paid within 60 days. If there happens to be a returned check, I will be responsible to pay all fees. Also, I understand that if the account has to be turned over for collection, I will be responsible for those fees as well.

Signed: _____ Date: _____

Federal ID # or Social Security # _____