

SOUTHEASTERN PAPER GROUP
Spartanburg - Conway - Atlanta - Savannah - Greensboro
 P.O. Box 6220 - Spartanburg, SC 29304
 Phone (864) 574-0440 (800) 858-7230 **Fax (864) 574-9052**
CUSTOMER CREDIT APPLICATION & GUARANTY

OFFICE USE ONLY: Customer Acct # _____	Date Approved _____
Initial Credit Limit _____	Terms _____ PG _____ Approved By _____

SECTION I

Application Date _____	Sales Rep Name _____	# _____
Customer Name _____ (Hereinafter referred to as "Applicant" in this Application & Guaranty)	Ship To Name _____	
Billing Address _____	Shipping Address _____	
City _____ St _____ Zip _____	City _____ St _____ Zip _____	
Phone _____ Fax _____	County _____	Contact _____
Attention _____ Ext _____	Phone _____	Fax _____
Email address _____	Cell Phone _____	Receiving Hours _____
Special Instructions _____		

Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Franchisee	<input type="checkbox"/> Church	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Janitorial/Cleaning Svc	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Non-profit Organization	<input type="checkbox"/> Member of a Chain	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Retail
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____		
Applicant's Exact Legal Name: _____				

SECTION II

Franchisee or Member of a Chain , please provide Headquarters Name, Address & Phone:		
Name: _____		
Address: _____		
City _____	State _____	ZIP _____
Phone _____	Web Site _____	
Corporation, Corporate Officers or Limited Liability Company, Members:		
_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title
Partnership or Sole Proprietor , General Partners or Individual:		
Name _____	Name _____	
Home Address _____	Home Address _____	
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____	
Home Phone _____	Home Phone _____	
Social Security # _____	Social Security # _____	

SECTION III

Date Established _____	or Acquired _____	Additional Businesses _____
Anticipated Monthly Purchases: _____		
Terms Requested: <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/> Other _____		
Purchase Order Required?	Yes No	Monthly Statement? Yes No
Invoice With Delivery?	Yes No	Sales Tax Exempt? Yes No
Packing Slip w/Delivery? (Invoice Mailed)	Yes No	(If Yes, Copy of Certificate Must Be Submitted)
Invoice via Email?	Yes No	Accept Subs? Yes No
Interested in On-Line Ordering?	Yes No	Back Order Allowed? Yes No

Continued: _____

Applicant

SECTION IV

Bank Reference: Name _____ Branch Phone # _____
 Contact _____ Title _____

Checking Acct# _____ Savings # _____
 Other _____

Business Trade References:
 Company _____ Company _____ Company _____
 Phone # _____ Phone # _____ Phone # _____
 Account # _____ Account # _____ Account # _____

Applicant authorizes **Southeastern Paper Group (Hereinafter "Seller")** to contact references listed above. Applicant understands that this information will be held in strict confidence and be used solely for determining extension of credit to Applicant.

Terms and Conditions

1. Applicant hereby affirms that the information provided on this credit application and guaranty (and any accompanying document, if any) is true and complete to the best of my knowledge. Applicant also agrees that any falsified information or omissions may result in denial of credit privileges, and Seller may rescind Applicant's credit, should it be extended, with or without notice.
2. Applicant understands that Seller may from time to time extend or refuse additional credit, at Sellers discretion.
3. Applicant agrees to pay according to the terms of the sale, as approved by Seller and shown on invoices.
4. In the event that monies due from Applicant are collected by law, or through an Attorney at Law, Applicant agrees to pay reasonable Attorneys' fees not to exceed 33% of the principal owing.

Applicant _____ **Date** _____

Name _____ **Signature** _____ **Title** _____
 (Name must appear in SECTION II)

SECTION V

Personal Guaranty (Optional)

In consideration of Seller's agreement to extend credit to Applicant, as identified in Section I of this Credit Application and Guaranty, the undersigned personally guarantees to Seller the payment of any and all current and/or future obligations owed by Applicant to Seller, any sums which may be advanced under application, or any other extension of credit by Seller to Applicant, together with all charges, and reasonable Attorney's fees (not to exceed 33%) thereon. Guarantor authorizes Seller to verify personal credit status now and in future if Seller deems necessary.

By: _____
Print Name

Signature

Title

Social Security Number

Address

Date

By: _____
Print Name

Signature

Title

Social Security Number

Address

Date

Important: Application may be faxed to (864) 574-9052, but Seller must receive Original Application within 10 business days from approval date. Mail to: Southeastern Paper Group, P O Box 6220, Spartanburg, SC 29304
 (Revised 05-20-2008 AW)