



Business Credit
Application and Credit
Card Authorization form

ON A ROLL SINCE 1952 • 100% EMPLOYEE OWNED

INSTRUCTIONS:

- If applying for **Open Terms**, please complete this application in its entirety.
- If applying for a **Credit Card** account, please complete all sections of this application excluding SECTION 5: Bank/Vendor References, plus the Credit Card Authorization form.
- If you have an order that you would like shipped **immediately** and are applying for **Open Terms**, please complete this application in its entirety PLUS the Credit Card authorization form. All orders will be shipped against your credit card until your application for open terms is approved. NOTE: the approval process can take up to three weeks. Our normal and preferred payment method is company check on open terms. A 2% convenience fee may be added to the total balance for any orders paid by credit card.

SECTION 1: Company Information (REQUIRED)

BILL TO:			SHIP TO: RiteMade will NOT ship to PO Boxes		
Legal Company Name:			Site Name:		
DBA (if applicable):			Address:		
Address:			City:	State:	ZIP:
City:	State:	ZIP:	Is this a residential area? Yes No		
Phone Number:			Are special delivery services required? Yes No		
If so, specify: _____					

Although not required for consideration for open terms up to \$50,000, applicants that submit financial statements will improve the likelihood of credit approval and reduce processing time particularly when the amount of credit requested exceeds \$10,000. Financial statements must be for the most recently completed fiscal year and include balance sheet and income statement. Unaudited financial statements must be signed and dated by the company's owner/officer.

FINANCIAL STATEMENTS ARE REQUIRED FOR REQUESTS OVER \$50,000.

Amount of Credit Requested: _____ **Requested Terms:** _____ **Est. Yearly Purchases:** _____

Date Business Established:	Federal Tax ID#:
Have you ever been in Bankruptcy? Yes No	Are you currently involved or a party to any active or pending lawsuits? Yes No

SECTION 2: Owner/Officer Information (REQUIRED)

TITLE:	SS#:	% OWNERSHIP INTEREST:
CEO/Pres:		
VP:		
CFO/Treas:		

SECTION 3: Contact Information (REQUIRED)

Buyer/Purch. Agent (First and Last Name):	Phone (Direct Line or Extension):	Fax:
	Email:	
Accounts Payable (First and Last Name):	Phone (Direct Line or Extension):	Fax:
	Email:	

SECTION 4: Business Profile (REQUIRED)**NATURE OF BUSINESS:****ESTIMATED ANNUAL PURCHASES:**

Buying/Marketing Grp	Paper Merchant	Under 1,000	25,001 – 50,000
Catalog	Stationary Supply	1,000 – 5,000	50,001 – 100,000
Mass Merchandiser	Retailer	5,001 – 10,000	100,000 – 250,000
OEM	Telemarketer	10,001 – 25,000	Over 250,000
Office Machine Dealer	Wholesaler		
Office Products Dealer	Other		

SECTION 5: BANK, SUPPLY, AND VENDOR TRADE REFERENCES (Required only if applying for open terms)

Phone numbers provided should be for Credit Departments and Bank Officers who are able to provide the information needed to help establish credit for you. To aid us in expediting your applications, please include your account number for each reference 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. **Trade references must be open terms and not COD, Check in Advance or credit card terms. References should NOT include mortgage, utility, or credit card references. PLEASE NOTE: This form must be signed at the bottom.**

BANK REFERENCE:

Bank Name:	Contact:	
Address:		
City, State, ZIP:		
Phone:	Fax:	Account#:

VENDOR REFERENCES:

Company:	Contact:	
Address:		
City, State, ZIP:		
Phone:	Fax:	Account#:

Company:	Contact:	
Address:		
City, State, ZIP:		
Phone:	Fax:	Account#:

Company:	Contact:	
Address:		
City, State, ZIP:		
Phone:	Fax:	Account#:

Bank and Vendor References:

I, an authorized signer on account at the above listed financial institution, authorize the above financial institution and vendor references to release any pertinent information to RiteMade Paper Converters, Inc. This agreement is entered into in the State of Kansas, and shall be governed by the laws of Kansas.

Signature: _____ Date: _____

SECTION 6: Sales Tax Exemption (REQUIRED)

IMPORTANT: RiteMade MUST have a signed copy of a VALID exemption certificate in order to NOT charge applicable sales tax.

Exceptions: (1) If your home state is not listed below, a separate resale tax certificate is required and cannot be used under this multijurisdictional certificate. (2) The states of Oregon, Alaska, New Hampshire, Delaware, and Montana are not required to have a sales tax exemption certificate.

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: RiteMade Paper Converters, Inc. Address: 2600 Bi-State Drive, Kansas City, KS 66103

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) _____

and 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 wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: BUSINESS MACHINE ROLLS

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL	_____	MO	_____
AR	_____	NE	_____
AZ	_____	NV	_____
CA	_____	NJ	_____
CO	_____	NM	_____
CT	_____	NC	_____
DC	_____	ND	_____
FL	_____	OH	_____
GA	_____	OK	_____
HI	_____	PA	_____
ID	_____	RI	_____
IL	_____	SC	_____
IA	_____	SD	_____
KS	_____	TN	_____
KY	_____	TX	_____
ME	_____	UT	_____
MD	_____	VT	_____
MI	_____	WA	_____
MN	_____	WI	_____

I further certify that if any property or service 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 directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a 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.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____ Date: _____

SECTION 7: Paperless Invoicing (Optional):

I hereby authorize RiteMade Paper Converters, Inc. to send my invoices by e-mail to the following email address and agree that I will not receive a paper copy of this invoice by mail. Also, I agree that it is my responsibility to notify RiteMade of any changes that would affect me receiving a copy of my invoices in a timely manner. I also understand it is my responsibility to account for all invoices that should be received based on the purchase orders that are submitted to RiteMade Paper Converters, Inc. and understand that all purchase orders are generally invoiced the next business day after the order is shipped.

E-Mail Address: _____

Signature: _____ Date: _____

SECTION 8: Terms and Conditions (REQUIRED)

(NOTE: Please make sure that the application is filled out in full or it may delay processing.)

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended if I am applying for Open Terms. I hereby give RiteMade Paper Converters, Inc. the authorization to charge my credit card on file in the event that my account reaches sixty (60) days without payment for the invoice total and to add an additional 2% late charge to the total invoice amount. I understand that the failure to make payments as agreed within extended terms will result in the revocation of the open terms that have been extended and I will be required to pay by credit card or check in advance prior to shipment of my purchase order. In addition, if open terms are revoked, I understand that the current pricing may be adjusted to reflect the change in terms.

By signing this agreement, 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 the 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. I also understand it is my responsibility to account for all invoices that should be received based on the purchase orders that are submitted to RiteMade Paper Converters, Inc. and understand that all purchase orders are generally invoiced the next business day after the order is shipped.

Signature of Officer/Owner: _____ Date: _____

Credit Card Authorization Form

The cardholder's signature is required for our accounting files to proceed with future orders. Please complete all requested information below legibly and return by fax to RiteMade Paper Inc.

****Fax Authorization to 800-245-7276, along with a copy of the front and back of credit card

Company Name: _____

Company Address: _____

Company Telephone: _____ E-mail address _____

Primary Card

Credit Card Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Name/Company as noted on card: _____

Type of Card (circle one): Visa MasterCard Discover Amex

Card Number: _____ - _____ - _____ Exp: _____

Authorized credit limit: _____ CCV Code: _____

Daily Credit Card Limit (if applicable): _____

I verify the credit card used to purchase product from RiteMade Paper, Inc. belongs to me and I am the authorized signatory on this credit card account. I understand this authorization remains in force until canceled in writing by RiteMade Paper or myself and or upon expiration date and that such cancellation will not become effective until after all orders placed prior to the cancellation have been charged. If expiration date should expire no merchandise will be shipped unless new expiration date is provided with new card copy. My true and correct signature is below, which is my authorization to use the above-noted card.

Cardholder Signature: _____ Date: _____

Please mail original to:

**RiteMade Paper Converters, Inc.
Attn: Credit Department
2600 Bi-State Drive
Kansas City, KS 66103**