

**p a p e r   s t r e e t**

Dear Sir or Madam:

Attached you will find your Paper Street credit package. Please complete the attached credit application, Personal Guarantee, and Sales & Tax Resale Certificate. We need to have a current certificate in our files for anyone who is claiming sales tax exemption. Without this certificate in our possession, we may be obligated to collect that percentage of Sales Tax required by law in your state.

Please return the credit application to: Paper Street  
215 Moody Road  
PO Box 1800  
Enfield, CT 06082

Thank you in advance for your cooperation in this matter.

Sincerely,

Accounts Receivable

# CREDIT APPLICATION

**Paper street**™

215 Moody Road • PO Box 1800  
Enfield CT 06083-1800  
Phone: 1-800-332-6574  
FAX: 1-800-666-9371  
website: www.paperstreetcards.com

LEGAL NAME OF COMPANY: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LEGAL STRUCTURE:     CORPORATION     PARTNERSHIP     PROPRIETORSHIP

## PERSONAL INFORMATION

OWNER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ SOCIAL SEC. NO.: \_\_\_\_\_

TYPE OF BUSINESS:

- Gift Shop     Retirement Home     Drug Store     Church/Synagogue     Department Store  
 Card Store     Hospital     Variety Store     Florist Shop     Other \_\_\_\_\_

## CREDIT REFERENCES

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_  
CITY, ST, ZIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_  
CITY, ST, ZIP \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_  
CITY, ST, ZIP \_\_\_\_\_

4. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_  
CITY, ST, ZIP \_\_\_\_\_

## BANK REFERENCES

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>
Card # _____
Exp. Date _____
Name as it appears on Credit Card (please print) _____
Signature _____

AGREEMENT: Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are as stated on the invoice.
2. A service charge of 1.5% per month may be charged for all past due balances.
3. Should it be necessary to assign the account for legal action, all collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees to the terms stated herein.
5. The undersigned authorizes the above mentioned companies and banks to release the information requested by PAPER STREET.

OWNER'S/BUYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL GUARANTEE**

The following individuals, hereby, agree to guarantee payment of all amounts due to Olympia Sales, Inc. by the due date as specified in the contract, and it is further agreed that this guarantee shall be effective upon failure of payment by 30 days after due date and with further notice to guarantors. Should this account not be paid when demand is made upon guarantors, and same is placed in an attorney's hands for collection whether or not suit is instituted, guarantors agree to pay all collection costs and attorney fees incurred by Olympia Sales, Inc. in collection of said account.

Authorized Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

# SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

\_\_\_\_\_

I certify that

\_\_\_\_\_  
Name of Firm (Buyer)

\_\_\_\_\_  
Street Address or P.O.Box No.

\_\_\_\_\_  
City State Zip

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Lessor
- Other (specify below)

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 to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City or State State Registration or ID No.

\_\_\_\_\_  
City or State State Registration or ID No.

\_\_\_\_\_  
City or State State Registration or ID No.

\_\_\_\_\_  
City or State State Registration or ID No.

\_\_\_\_\_  
City or State State Registration or ID No.

\_\_\_\_\_  
City or State State Registration or ID No.

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 cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

\_\_\_\_\_

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

\_\_\_\_\_  
Authorized Signature (Owner, Partner or Corporate Officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date