



# New Customer Application

## Company Information

Company Name		Primary Company Contact		
Billing Address		City	State	Zip
Company Phone	Company Fax	Company Email		
Entity Type	Methods of Delivery Customer Pickup      Delivery (\$125 order minimum to avoid small order charge)		Sales Tax ID Number (If applicable)*	
Order Options: Backorders Accepted Substitutions Accepted PO Number Required	Special Instructions for Deliveries/Billing:			
Payment Methods  COD  Auto Pay with Credit Card				

\*Signed Georgia form ST-5 and a copy of your resale certificate is required with this application

## Shipping Information

#	Name	Address	City, State, Zip
1	Same as Mailing	Same as Mailing	Same as Mailing
2			
3			
4			

## Company Contacts

#	Name	Username	Password	Phone	Email Address	Buyer	AR
1							
2							
3							
4							

Company Name:

**TERMS OF SALE:**

Payment is due at time of delivery or pickup. You may elect to have your account setup for autopayment via Credit Card to be run the day of delivery or pickup.

Post-dated checks will not be accepted. All returned checks are subject to a \$30.00 return check fee. In addition, if a returned check is received on the account, all future orders will be delivered on a CASH ONLY basis.

The undersigned further agrees to be liable for all attorney's fees and costs incurred by SunCoast Paper & Chemical in the event this account becomes delinquent and is placed in the hands of an Attorney of Law or certified agency for collection.

The undersigned has read and agrees to the Terms of Sales herein.

Returns: Items in original condition may be returned within 30 days of original shipping date if accompanied with a receipt.

Special-order and Discontinued items are not returnable. A restocking fee may be assessed on items returned.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

**Please print and sign this form and return it in person or email to [ap@suncoastpaper.com](mailto:ap@suncoastpaper.com)**

For office use:

	_____	_____	_____	_____	_____
	Date received	Approved by	Terms	Credit Limit	Review Date
Notes:					