



# New Customer Credit 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:			
Invoice/Statement Options Mail Email (Select below as AR) Fax				

\*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:

## ***Credit Application Information***

### **Entity Owners/Principals**

#	Name	Title
1		
2		
3		

### **Trade References**

#	Company	City/State	Telephone/Fax
1			
2			
3			

### **Bank References**

	Bank Name	Person to Contact	Account Number
Checking			
Loan (if applicable)			

Company Name:

**TERMS OF SALE:**

Terms are Net 15 Days from date of invoice. Management and customer must agree upon any special terms. In consideration of SunCoast Paper & Chemical extending credit on this account, the undersigned customer agrees to be responsible for finance charges of 1 1/2% per month on all amounts over 30 days. This account may be placed on a COD basis at the discretion of SunCoast Paper & Chemical if payments are not made in accordance to these terms.

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 information on the application is given to SunCoast Paper & Chemical for the purpose of buying material on credit. Permission is granted to contact references or any other source for the purpose of obtaining credit information, as well as to provide such information or experience with the account at the sole discretion of SunCoast Paper & Chemical Solutions.

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 parties agree that the jurisdiction and venue for legal disputes between them shall be exclusively in Glynn County, Georgia.

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, sign, and return 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: