

NEW ACCOUNT CREDIT APPLICATION

Pollock Sales Professional: _____

AGREEMENT TO BE COMPLETED BY APPLICANT Date _____

Legal Business Name _____

Trade Name (s) _____

Company Website _____

Delivery Address _____ Mailing Address _____
(if different)

Telephone No _____ Fax No _____

KEY CONTACTS

Purchasing

Name _____
Phone No _____
Email _____
Fax No _____

Accounts Payable

Name _____
Phone No _____
Email _____
Fax No _____

TYPE OF BUSINESS

CORPORATION Kind of Business _____
Indicate Officers _____ SIC # _____ D&B No _____
_____ # of Years This Business Under Current Ownership _____

PARTNERSHIP Other Locations Currently Owned _____
Indicate Partners _____

PROPRIETORSHIP Tax Exempt/Resale # _____
Indicate Owner _____ (Attach copy of certificate)

Line of Credit Requested _____
Anticipated Monthly Purchase _____

BILLING/DELIVERY REQUIREMENTS

Deliver on Invoice/ Priced	_____
Delivery Rec't/Priced Invoice Mailed Later	_____
Deliv. Rec't/No Price Invoice Mailed Later	_____
Number of Invoice Copies Required	_____
Are Purchase Orders Required?	_____

SPECIAL DELIVERY INSTRUCTIONS
(Day, Time, Place, Dept, Special Handling, etc.)

BANK REFERENCES
(Please include complete addresses and telephone numbers)

1. Name of Bank _____ Address _____ City/State/Zip _____ Telephone No _____ Fax No _____ Checking Account # _____ Savings Account # _____ Loan Account # _____	2. Name of Bank _____ Address _____ City/State/Zip _____ Telephone No _____ Fax No _____ Checking Account # _____ Savings Account # _____ Loan Account # _____
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TRADE REFERENCES

(Please include complete addresses and telephone numbers)

1. Company Name _____
 Address _____
 City _____
 State _____ Zip _____
 Telephone No _____
 Fax No _____
 Account # _____

2. Company Name _____
 Address _____
 City _____
 State _____ Zip _____
 Telephone No _____
 Fax No _____
 Account # _____

3. Company Name _____
 Address _____
 City _____
 State _____ Zip _____
 Telephone No _____
 Fax No _____
 Account # _____

4. Company Name _____
 Address _____
 City _____
 State _____ Zip _____
 Telephone No _____
 Fax No _____
 Account # _____

COMMENTS

PLEASE NOTE: In order for Pollock Paper to consider establishing credit for you, the following conditions must be met:

1. This application must be signed.
2. At least three major trade references and one bank reference must be furnished.

The person executing this agreement has the authority to bind the Applicant and is authorized by the Applicant to enter into the credit application terms and conditions. The applicant hereby authorizes the references listed in this application to provide Pollock Paper Distributors with information pertaining to applicant's credit and financial responsibility. The applicant hereby agrees that the information provided above is accurate and true. All invoices are due net 30 days after the date of such invoice. All amounts for purchases from Pollock Paper Distributors are payable at Pollock Investments, Inc., P.O. Box 671527, Dallas, TX 75267-1527. Payment term restrictions of COD may be placed on any past due account. The Applicant agrees to pay the account promptly within the terms stated. It is further understood that this agreement is entered into in the state of Texas, county of Dallas and is governed by the laws of the state of Texas. In the event of default, and if this account is turned over to an agency and/ or an attorney for collections, the undersigned agrees to pay all reasonable attorney's fees, and/ or cost of collections whether or not suit is filed. The Applicant agrees to pay late charges equal to the maximum allowed by law, but not to exceed 1.5% per month on any balances 30-days or more past due. All returns deemed non-Pollock errors are subject to a 15% restocking fee, along with any applicable freight charges. All non-stock or special order products are subject to the manufactures restocking policy and applicable fees. The Applicant by executing this credit application hereby agrees to indemnify and save harmless Pollock Paper Distributors, its directors, officers, employees, agents, successors and assigns from all claims, damages, demands, suits, liabilities, or causes of action of every kind and nature whatsoever that are a result of misuse of, or damage to, the products purchased from Pollock Paper Distributors by the Applicant's employees, agents, and customers.

APPLICANT _____
Signature *Title* *Date*

FOR OFFICE USE ONLY	
Location No: _____	Date: _____
PPD A/C#: _____	Approved By: _____
Originator: _____	Credit Limit: _____

