

I. HALPER

PAPER AND SUPPLIES INC.

51 Hook Road Bayonne, NJ 07002
7933-7937 NW 21 St. Doral, FL 33122

Tel: (973) 675-6633
Fax: (973) 675-6686

www.ihalper.com

*The following 2 pages must be completed in full and will be held in the strictest of confidence. If not applicable, please write n/a on line. **Please include a copy of your resale certificate or sales tax exemption certificate.** Applicable taxes will be charged without a valid certificate.*

Owner/Officer Name Last: _____ First: _____ Address: _____	Social Security # _____
Name of Business: _____ DBA: _____	Tax I.D. Number _____
Type of Business: _____ In Business Since: (if not yet open, put approximate month and year) _____	Telephone #: _____
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other <input type="checkbox"/>	
Additional Owner(s) if applicable: _____ Address: _____	Social Security #: _____
If Division/Subsidiary, Name and Address of Parent Company: _____	

Delivery and Accounting Information

Delivery Address: _____ City: _____ State: _____ Zip: _____ Telephone #: _____
Delivery Contact: _____ Title: _____ email: _____ Telephone #: _____
Requested Delivery Days: _____ Delivery Times (3 hour window minimum): _____ Special Instructions (key needed, basement, back door) _____
Accounts Payable Contact: _____ email: _____ Telephone #: _____ Fax#: _____
Billing Address (if different from Delivery) _____ City: _____ State: _____ Zip: _____

Bank References

Institution Name: _____	Institution Name: _____
Checking Account #: _____ Phone#: _____	Savings Account #: _____ Phone#: _____
Address: _____	Address: _____

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Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.

Authorized signer for Bank Account

(Print and sign name)

Date

In order for I. Halper Paper & Supplies, Inc. to extend credit to the applicant, the undersigned ('guarantor') hereby unconditionally and irrevocably guarantees payment of all sums due the company by the applicant, including interest and all cost of collections, including reasonable attorney fees, whether or not a lawsuit is commenced. Guarantor waives notice of acceptance, protest or demand. Guarantor further consents in advance to any extension or modification of the terms and conditions of sale by the company.

Guarantor: _____
 Print Signature

Date: _____ Social Security #: _____

Address: _____