



NEW ACCOUNT APPLICATION WITH
CENTRAL PAPER CO., INC.
C.O.D. & CREDIT CARD ACCOUNTS ONLY

Sales Rep _____

Date _____

NAME _____
(Please print name **exactly** as it appears on your checking account)

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

When did you open and/or acquire ownership of *this particular* business?

Full name(s) of Officer(s), Partner(s) or Proprietor(s)

_____ Title _____

_____ Title _____

Do you accept backorders?

- Yes
 No

Substituted items?

- Yes
 No

GENERAL INFORMATION

Tax Exempt? Yes No State of Exemption _____

State Sales Tax Exemption Number _____

COPY OF SALES TAX EXEMPTION MUST BE ATTACHED

Federal Tax I.D. Number _____ Exempt? Yes No

Name of Applicant
(Please print)

Signature of Applicant