



**NEW ACCOUNT SET UP
COD AND OR CREDIT CARD ACCOUNTS ONLY**

**CENTRAL PAPER CO., INC.
BIRMINGHAM | CHATTANOOGA | BAY MINETTE**

Sales Rep _____

Date _____

NAME _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

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

_____ Title _____

_____ Title _____

GENERAL INFORMATION

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

IF EXEMPT, COPY OF SALES TAX EXEMPTION MUST BE ATTACHED.

COPY OF STATE SALES TAX LICENSE MUST BE ATTACHED.

NAME OF APPLICANT
PLEASE PRINT

SIGNATURE OF APPLICANT