



CREDIT APPLICATION

1848 Ship Avenue
 Anchorage, AK 99501
 (907) 272-4000 / (800) 478-0040
 Fax: (907) 272-4008
 Email: sales@frontierpaper.com

Applicant (Please Print or Type)		
Business Name	DBA	
Billing Address		
City	State	Zip
Phone Number	Fax Number	
Physical Address (if different)		

Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Account Signers 1. _____ 2. _____	
Will Payment Be Made From <input type="checkbox"/> Home Office <input type="checkbox"/> Branch	Nature Of Business	
Type Of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship	Time In Business Years _____ Months _____	
Amount of Credit Desired	Accounts Payable Contact	
Do You Wish To Have Invoices: <input type="checkbox"/> Mailed <input type="checkbox"/> Left With Delivery	Today's Date	

Credit Information - IMPORTANT - This are must be completed

Owners or Officers	
Full Name (No Initials Please)	
Title	% Of Ownership
Full Name (No Initials Please)	
Title	% Of Ownership
Full Name (No Initials Please)	
Title	% Of Ownership
Full Name (No Initials Please)	
Title	% Of Ownership

Local Bank References		
Bank	Branch	Officer
Phone	Account Type	Account Number
Bank	Branch	Officer
Phone	Account Type	Account Number

Local Trade References			
Business Name	Person To Contact		Phone Number
Address	City	State	Zip Code
Business Name	Person To Contact		Phone Number
Address	City	State	Zip Code

Your charges will be compiled on a monthly basis and our statement cutoff date is the final day of the month. Statements are then rendered and payment is due 30 days from the date of invoice. Interest will be charged at the highest allowable rate allowed by law on any account becoming 30 days delinquent.

PERSONAL GUARANTY

I (We) personally and unconditionally guarantee payment of any indebtedness owed by the applicant to FRONTIER PAPER, INC. I (We) do this to induce FRONTIER PAPER, INC. to extend credit to the applicant. I (We) understand this guaranty shall cover both present and future indebtedness, and this guaranty will continue until I (We) notify FRONTIER PAPER, INC. in writing that this guaranty is no longer in effect. This guaranty will not cover any charges incurred after the date FRONTIER PAPER, INC. receives this notice but will continue to cover all indebtedness existing at the time FRONTIER PAPER, INC. receives the notice, until such indebtedness is paid in full.

First Name	Last Name	
Signature		Date
Social Security Number		
Relationship To Applicant		

First Name	Last Name	
Signature		Date
Social Security Number		
Relationship To Applicant		

AGREEMENT AND AUTHORIZATION

I hereby declare that the inclosed credit information is true and accurate to the best of my knowledge and belief. I hereby authorize any institution herein listed as a credit reference, bank, or trade reference to release credit information concerning myself or the business I represent to FRONTIER PAPER, INC. This authorization is given to enable FRONTIER PAPER, INC. to evaluate my request for credit. I also authorize FRONTIER PAPER, INC. to disclose information regarding my record of payment on our accounts to other creditors and credit reporting agencies.

Dated	
First Name	Last Name
Signature	
Title	

Signature of officer required on a corporate application.
Signature of partner required on a partnership application.
Signature of managing agent or member required on a limited liability application.

FOR OFFICE USE ONLY	
Employee Name	Usage
ID #	Source
Store #	Group
Account #	Type
Limit	Action
Approved By	Date