



WESTERN STATES ENVELOPE & LABEL

Wisconsin • Ohio • Kentucky • Minnesota

Fax signed form to: **Attn: Ellen Beers**
800-753-2329

IMPORTANT NOTICE! UNTIL OPEN CREDIT IS APPROVED BY THE CREDIT MANAGER, ORDERS WILL SHIP ON A CREDIT CARD, COD OR CASH WITH ORDER BASIS. IF YOU HAVE QUESTIONS REGARDING THE APPLICATION CONTACT OUR CREDIT DEPARTMENT AT 800-835-3734 OR CREDIT@WESTERNSTATESENVELOPE.COM.

"CREDITOR" is WESTERN STATES ENVELOPE COMPANY

"CUSTOMER" is _____ Telephone# _____
(Business Name) _____ Fax# _____
Address: _____ Tax Exempt# _____
_____ **Attach State Exemption Certificate**

1. CUSTOMER is a (check where appropriate):

☐ **SOLE OWNER** (Owner's Name) _____

Address: _____ Home Phone# _____
_____ Social Sec.# _____

☐ **PARTNERSHIP** (Partner's Name) _____

Address: _____ Home Phone# _____
_____ Social Sec.# _____

(Partner's Name) _____

Address: _____ Home Phone# _____
_____ Social Sec.# _____

(Other Partners--Attach List)

☐ **CORPORATION** (Corporate Name) _____

Address: _____ Business Phone# _____
_____ State of Incorporation _____

Officers: (President) _____ Federal ID# _____

(Address) _____

(Vice President) _____

(Address) _____

☐ **LLC (Limited Liability CO. Name)** _____

Address: _____ Business Phone# _____
_____ State of Incorporation _____

Manager: _____ Federal ID# _____

Address: _____

2. BUSINESS REFERENCES; TRADE NAMES; AND OTHER BUSINESS INFORMATION (**COMPLETE REVERSE SIDE**). A CONSUMER CREDIT REPORT MAY BE REQUIRED.

3. CUSTOMER AGREES TO PAY SERVICE CHARGES OF 2% PER MONTH OR THE HIGHEST RATE ALLOWED BY LAW (WHICHEVER IS THE LESSER) FROM THE DUE DATE OF EACH INVOICE TO DATE OF PAYMENT. IN THE EVENT CUSTOMER'S ACCOUNT IS PLACED FOR COLLECTION, CUSTOMER AGREES TO COLLECTION AND/OR ATTORNEY FEES OF 25% OF THE AMOUNT OWED. CUSTOMER AGREES THAT ANY DEALINGS BETWEEN THE PARTIES SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATES OF WISCONSIN AND CUSTOMER FURTHER AGREES, PER CREDITOR'S OPTION, TO THE JURISDICTION OF THE COURTS OF WISCONSIN, STATE OR FEDERAL TO DETERMINE ANY CONTROVERSY ARISING IN THEIR DEALINGS.

4. **PERSONAL GUARANTY.** IN CONSIDERATION OF CREDITOR OR EXTENDING CREDIT TO CUSTOMER, THE UNDERSIGNED PERSONALLY AND INDIVIDUALLY GUARANTEE UNCONDITIONALLY FULL AND PROMPT PAYMENT OF PAST, PRESENT AND FUTURE OBLIGATIONS AND TERMS DUE CREDITOR FROM CUSTOMER, AND/OR ANY SUCCESSOR IN INTEREST (CORPORATE OR NON CORPORATE) TO CUSTOMER'S BUSINESS, HEREBY WAIVING NOTICE OF ACCEPTANCE OF THIS GUARANTY, NOTICE OF RENDERING SERVICES AND/OR SALE OF GOODS PROVIDED CUSTOMER BY CREDITOR AND NOTICE OF DEFAULT OR CHANGE OR EXTENSION OF CREDIT TERMS. THE UNDERSIGNED CONSENT TO ANY EXTENSION OF TIME FOR PAYMENT AND ASSERT THAT THIS IS A CONTINUING GUARANTY OF PAYMENT TO CREDITOR UNTIL REVOKED IN WRITING. ANY MARRIED INDIVIDUAL SIGNATORY TO THIS APPLICATION REPRESENTS THAT ANY CREDIT GRANTED PURSUANT TO THE SUBJECT ACCOUNT IS AN OBLIGATION INCURRED IN THE INTEREST OF HIS OR HER MARRIAGE OR FAMILY.

ALL PARTNERS OR OFFICERS OF CUSTOMER SHOULD SIGN AND BE BOUND PERSONALLY:

(Sign) _____ (Print Name) _____

(Sign) _____ (Print Name) _____

(Sign) _____ (Print Name) _____

Credit Application

PLEASE COMPLETE THIS FORM AND RETURN TO WESTERN STATES ENVELOPE & LABEL AT YOUR EARLIEST CONVENIENCE.

THANK YOU.

CREDIT APPLICATION DATED AS OF _____

TO OBTAIN CREDIT FROM CREDITOR, CUSTOMER AGREES TO CREDITOR'S USUAL TERMS AND CONDITIONS AS PROMULGATED AND AMENDED BY CREDITOR FROM TIME TO TIME, AND REPRESENTS AND STATES THE FOLLOWING, AND AUTHORIZES RELEASE OF ANY INFORMATION PERTAINING TO CUSTOMER'S FINANCIAL CONDITIONS FROM ANY THIRD PARTIES WHICH MAY VERIFY SAME:

Total Employees of Your Business: _____

Year Business Started: _____

ACCOUNTS PAYABLE CONTACT NAME _____ **Telephone#** _____

Do You Require Monthly Statements? ☐ Yes ☐ No

Nature Of Your Business: _____

Business Trade Names: (1) _____

(2) _____

Other Business Addresses: (1) _____

(2) _____

(IF ADDITIONAL TRADE NAMES OR ADDRESSES—ATTACH LISTING OF EACH)

BUSINESS BANK ACCOUNT & REFERENCE: _____

Address Of Bank: _____ Contact Person: _____

_____ Telephone# _____

NAME _____ DATE _____

YOUR SIGNATURE HERE AUTHORIZES THE ABOVE NAMED BANK TO RELEASE FINANCIAL INFORMATION TO WESTERN STATES ENVELOPE CO.

BUSINESS REFERENCES: LIST AT LEAST THREE.

Name	Address	Contact Person and Telephone#
(1) _____	_____	_____
	_____	_____
(2) _____	_____	_____
	_____	_____
(3) _____	_____	_____
	_____	_____

IMPORTANT: ATTACH CURRENT FINANCIAL STATEMENT OF CUSTOMER

LIST SECURED CREDITORS:

Creditor	Address	Collateral
_____	_____	_____

_____	_____	_____

_____	_____	_____
