Credit Application and Agreement

### **1. Applicant Information**

**Company Name: [Client Company Name]  
Address: [Client Address]  
Contact Person: [Name, Position]  
Phone Number: [Phone]  
Email Address: [Email]**

### **2. Business Information**

**Type of Business: [Restaurant, Retail, etc.]  
Years in Business: [Number of Years]  
Ownership Structure: [Sole Proprietor, Partnership, Corporation]  
Federal Tax ID Number: [Tax ID]**

### **3. Trade References**

**Please provide at least three trade references with contact details to verify the client’s payment history.**

### **4. Bank Reference**

**Bank Name: [Bank Name]  
Account Number: [Account Number]  
Contact Person: [Bank Representative]  
Phone Number: [Phone]**

### **5. Credit Terms and Conditions**

**Payment Terms: Approved clients will receive 30-day net payment terms. Payment is due within 30 days of the invoice date.  
Late Payments: Any balance not paid within 30 days may incur a late payment fee of [10%] per month. Continued failure to pay may result in withdrawal of credit terms and referral to collections.  
Credit Limit: Initial credit limit will be determined based on the evaluation of this application.**

### **6. Authorization**

**By signing below, the applicant authorizes PAP Products to verify all provided information, including contacting trade and bank references, and to obtain credit reports as necessary to establish creditworthiness.**

### **7. Acceptance**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: [Name]  
Title: [Title]  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **8. Terms of Sale**

**Product Details: Includes paper, plastic containers, and other supplies as agreed upon by both parties.  
Order Minimum: Any order must meet the minimum value of $200 to be eligible for the 30-day payment terms.  
Dispute Resolution: Any disputes must be communicated within 7 days of receiving an invoice.**