



401 Cabot Drive
Hamilton, NJ 08691
(609) 588-8714
(888) 436-6116

200 Research Drive
Milford, CT 06460-2880
(203) 878-1814
(800) 972-9622

65 Sunnyslope Avenue
Tewksbury, MA 01876-1794
(978) 640-0500
(800) 287-3323

NEW ACCOUNT PROFILE

PLEASE FAX BACK AT (203) 882-2888

SALES REP. CONTACT NAME:

www.easternbag.com

Company Name				
Billing Address				
Phone				
Fax #		E-mail		
Shipping Address				
Delivery Instructions				
Delivery Times				
Delivery Contact Name			Phone #	
Are you a Corporation?	Yes		No	
Federal ID #/Social Security#			DUNS #	
Partnership or Proprietorship?	Partnership		Proprietorship	
Owners' Name(s)				
Home Address				
Home Phone #('s)				
Financial Officer Name				
Accounts Payable Manager	Name	Phone #	Fax #	E-mail
Date Business Started				
Parent Company				
Do you own or rent facilities?	Own		Rent	
Any encumbrances, liens or judgments on assets or you?	Yes		No	
Have you declared bankruptcy in the past 7 years?	Yes		No	
Do you want: Statements;	Yes		No	
Priced Delivery Tickets;	Yes		No	
Invoices with delivery?	Yes		No	
Purchase Orders required?	Yes		No	
Are you Taxable? If NO, a Tax Resale Cert. Is Required.	Yes		No	
Type of Customer (Circle or Bold)	Wholesaler, Retailer, Healthcare, Food Service, Packaging, Professional, Hotel/Motel/Country Club, School/College, Office Building, Government, Religious/Charity, Other			
TERMS	<input type="checkbox"/> C.O.D Account <input type="checkbox"/> Credit Terms - To Be Reviewed By The Credit Department			

By signing this Profile the applicant(s) signature attests to the financial responsibility, and willingness to pay invoices within 30 days from date of Invoice. The above information is for credit and financial responsibility. Furthermore I/we agree that the Company (Buyer) will pay a late charge from the due date to the date of actual payment at the rate of 1 1/2% per month and agrees that if referred to an attorney or collection agency, the Buyer will pay collection costs and fees and reasonable attorney's fees.

Officers Signatures&Date	
Printed Names & Titles	



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TRADE REFERENCES

PLEASE FAX BACK AT (203) 882-2888

SALES REP. CONTACT NAME:

www.easternbag.com

(Food-Paper-Industrial References)

1. Company Name			
Address: Street City, State, Zip			
Contact Name		Phone #	
E-mail		Fax#	
No. Yrs Doing Business			
2. Company Name			
Address: Street City, State, Zip			
Contact Name		Phone #	
E-mail		Fax#	
No. Yrs Doing Business			
3. Company Name			
Address: Street City, State, Zip			
Contact Name		Phone #	
E-mail		Fax#	
No. Yrs Doing Business			

BANK REFERENCE & RELEASE

Name of Bank			
Address: Street City, State, Zip			
Checking Acct. #		Date opened	
Savings Acct. #		Date opened	
Do you have loans?	Yes	No	
Contact Name		Phone #	
E-mail		Fax#	

By signing this Profile, we hereby authorize the above-named bank and trade creditors to release credit information concerning our Company and the accounts shown above for the exclusive purpose of credit evaluation. All information given will be held confidential.

Officers Signatures&Date	
Printed Names & Titles	

MUST BE FILLED OUT BY A SALES REPRESENTATIVE FROM EASTERN BAG & PAPER CO.

**NEW ACCOUNT APPLICATION
SALES DATA**

NEW ACCOUNT NAME	
Network Customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DSC Customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Sales #	
Primary Sales Name	
Secondary Sales #	
Secondary Sales Name	
Company Class - PLEASE GIVE CODE#	
Company Code - PLEASE GIVE CODE#	
TERRITORY / SALES MANAGER #	
Shipping Warehouse? Check One Box	<input type="checkbox"/> MI <input type="checkbox"/> TE <input type="checkbox"/> NJ
Auto Backorder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Matrix Price Code - PLEASE GIVE CODE#	
Common Customer # / Contract Code#	
Common Customer Name / Rebate Class#	
Yearly Expected Sales	
Link this account to other accounts PLEASE PROVIDE EXISTING CUSTOMER NUMBERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
Delivery Time Window - PLEASE GIVE CODE#	
Invoice With Delivery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Labels	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

Sales Signature and Date _____



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PERSONAL GUARANTEE

APPLICANT’S NAME:
NAME OF GUARANTOR(S):

In consideration of credit being extended by Eastern Bag and Paper Co. to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Eastern Bag and Paper Co. the faithful payment, when due, of all accounts of said applicant for purchases made, any additional costs and collections as well as reasonable attorney’s fee. This guarantee shall be continuing & shall remain in effect unless modified or terminated in writing and signed by the guarantor(s) and expected by Eastern Bag and Paper Company.

The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by *(name of guarantor)*_____ extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under the guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

Name of Guarantor(s)

Dated