

GREENLEAF

A Paper Converting Company
Built on Reliability Since 1987

NEW CUSTOMER PACKET

This packet contains information necessary to complete your customer profile.

- New Account Information Sheet
- Application for Credit
- State Resale Certificate (Tax Exemption)
- Additional forms (if necessary)

Please sign, date and return to:

Tammy Moore
PO Box 6099
Phoenix, AZ 85005-6099
(602) 269-9640 x114
tammy.moore@greenleafpaper.com

(888) 355-0222 Toll Free
(602) 269-9640 Arizona
(602) 269-9810 Fax
www.greenleafpaper.com

4850 W Jefferson St
Phoenix, AZ 85043

**GREENLEAF**

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4850 W Jefferson St Phoenix, AZ 85043
 PO Box 6099 Phoenix, AZ 85005-6099
 (888) 355-0222 (602) 269-9640 (602) 269-9810 Fax
 e-mail orders to: sales@greenleafpaper.com

NEW ACCOUNT INFORMATION SHEET**Company Information**

Company Name	
Parent Company Name (if Applicable)	
Billing Address	
Shipping Address	
Company Established Date	
D & B Number	

CONTACTS

Purchasing (name):	
Purchasing (phone number/e-mail):	
Purchasing (e-mail):	
Receiving (name):	
Receiving (phone number):	
Accounts Payable (name):	
Accounts Payable (phone number):	
Accounts Payable (e-mail):	

Shipping Information

Do you have a receiving dock?	Y N
Do you unload with forklift?	Y N
Do you unload with pallet jack?	Y N
Do you unload by hand?	Y N
Do you require a liftgate & pallet jack for delivery?	Y N
Do you require an appointment for delivery?	Y N
*****Appointment Phone Number:	() - Ext.
Is delivery in a residential area?	Y N
What are your receiving hours?	FROM : AM TO : PM
Special Instructions:	

Miscellaneous Information

List manufacturing & distribution locations	
Do you sell directly to end users?	Y N
Company Website	

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Signature _____ Print _____ Title _____ Date _____
 Company Officer or Authorized Representative

ALL INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN STRICT CONFIDENCE



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APPLICATION FOR CREDIT

FROM	
Name _____	Telephone # _____
Address _____	Fax # _____
City _____	E-mail Address _____
Resale # _____	Dunn & Bradstreet # _____
Federal ID Number _____	Date Established _____

OFFICERS				
Name (President) _____	Address _____	City _____	ST _____	Zip Code _____
Name (Secretary) _____	Address _____	City _____	ST _____	Zip Code _____
Name (Treasurer) _____	Address _____	City _____	ST _____	Zip Code _____

FINANCE	
Bank Name _____	Telephone _____
Bank Address _____	Account Representative _____
City _____ ST _____ Zip Code _____	Account # _____
CREDIT LIMIT REQUESTED\$ _____	

REFERENCES				
Name _____	Address _____	City _____	ST _____	Zip Code _____
Telephone # _____	Fax # _____			
Name _____	Address _____	City _____	ST _____	Zip Code _____
Telephone # _____	Fax # _____			
Name _____	Address _____	City _____	ST _____	Zip Code _____
Telephone # _____	Fax # _____			

Terms: All accounts are due and payable with in terms after receipt of merchandise.

Buyer agrees to pay reasonable attorney's fees and other costs at time of collection.

I CERTIFY THE ABOVE INFORMATION IS CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.

Signature _____ Print _____ Title _____ Date _____
Company Officer or Authorized Representative

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UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ³	_____	NJ	_____
CO ¹	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁴	_____
DC ⁵	_____	ND	_____
GA ⁶	_____	OH ²⁵	_____
HI ^{1,7}	_____	OK ¹⁶	_____
ID	_____	PA ²⁶	_____
IL ^{1,8}	_____	RI ¹⁷	_____
IA	_____	SC	_____
KS	_____	SD ¹⁸	_____
KY ²³	_____	TN	_____
ME ⁹	_____	TX ¹⁹	_____
MD ¹⁰	_____	UT	_____
MI ¹¹	_____	VT	_____
MN ¹²	_____	WA ²⁰	_____
		WI ²¹	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____