

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

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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@greenleapaper.com

**NEW ACCOUNT INFORMATION SHEET
 FOR PREPAY CUSTOMERS ONLY**

Company Information	
Company Name	Telephone #
Parent Company Name (if Applicable)	Fax #
Billing Address	Email Address
	Resale #
Shipping Address	Federal ID #
	Company Established Date
	Dunn & Bradstreet #
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 (city, state, country)	
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

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: _____