

## **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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 (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
Shipping Address	Resale #
	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 service<sup>1</sup> 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 <sup>2</sup>	_____	MO <sup>13</sup>	_____
AR	_____	NE <sup>14</sup>	_____
AZ <sup>22</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>1</sup>	_____	NM <sup>1,15</sup>	_____
CT <sup>4</sup>	_____	NC <sup>24</sup>	_____
DC <sup>5</sup>	_____	ND	_____
GA <sup>6</sup>	_____	OH <sup>25</sup>	_____
HI <sup>1,7</sup>	_____	OK <sup>16</sup>	_____
ID	_____	PA <sup>26</sup>	_____
IL <sup>1,8</sup>	_____	RI <sup>17</sup>	_____
IA	_____	SC	_____
KS	_____	SD <sup>18</sup>	_____
KY <sup>23</sup>	_____	TN	_____
ME <sup>9</sup>	_____	TX <sup>19</sup>	_____
MD <sup>10</sup>	_____	UT	_____
MI <sup>11</sup>	_____	VT	_____
MN <sup>12</sup>	_____	WA <sup>20</sup>	_____
		WI <sup>21</sup>	_____

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: \_\_\_\_\_