

# American Paper & Twine Co.<sup>®</sup>

Box 90348 - 7400 Cockrill Bend Blvd - Nashville, TN 37209 - 615.350.9000 (ofc) - 615.350.5518 (fax)

## CREDIT APPLICATION

**INSTRUCTIONS:** You may type directly into this form. Please complete this form and fax it to your local American Paper & Twine contact. Please note that users of the free Adobe Acrobat Reader will not be able to save the form, but can fill it out electronically and print it.

### Basic Information

Business Name _____		Shipping Address (if different than billing)	
<b>Billing Address</b>			
Line 1 _____		Line 1 _____	
Line 2 _____		Line 2 _____	
City _____		City _____	
State _____ Zip _____		State _____ Zip _____	
A.P. Contact Name: _____		Year Co Started _____ D&B Rating _____	
Phone # _____ Fax# _____			
email: _____		American Paper Rep/Contact: _____	

### Ownership Information

Principal/Owner _____	Principal/Owner _____
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### Business References (provide at least 3 - attach separate sheet if needed)

Business _____	Business _____	Business _____
Contact _____	Contact _____	Contact _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____

### Misc. Payment & Billing Information

If exempt from Sales Tax, provide number & a <b>SIGNED SALES TAX EXEMPTION FORM</b> _____	
Pay by Credit Card? <input type="radio"/> Yes <input type="radio"/> No	If yes: <input type="radio"/> AMEX <input type="radio"/> VISA <input type="radio"/> MC <input type="radio"/> N/A Number _____ * Last 4 digits only * Name on Card _____ Exp Date _____
Does your company require the use of PO numbers? <input type="radio"/> Yes <input type="radio"/> No	If an item is out of stock we should: <input type="radio"/> Backorder item; deliver upon arrival <input type="radio"/> Cancel item; consider order complete

Does your company want to order online? <input type="radio"/> Yes <input type="radio"/> No
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### Delivery Information

What time does your business (or receiving dept) open? (HH:MM) _____ <input type="radio"/> AM <input type="radio"/> PM	Closes at (HHMM) _____ <input type="radio"/> AM <input type="radio"/> PM
Acceptable Delivery Days (check all that apply)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Special Delivery Instructions (eg. "front door," "call 555-1234 before delivery," etc)	<input type="text"/>
<a href="#">Click here to print this form</a>	