



**CAMDEN BAG & PAPER COMPANY LLC**

200 Connecticut Drive  
Burlington, New Jersey 08016  
Phone: 1-800-344-5067  
Fax: 856-727-4114

**CUSTOMER CREDIT APPLICATION**

Please return via Email [cluk@camdenbag.com](mailto:cluk@camdenbag.com) Attention: Accounting

**PLEASE PRINT LEGIBLY**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Delivery Hours \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ - \_\_\_\_\_

Yrs in Business: \_\_\_\_\_ Date Business Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Entity: (Please Check One)**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Limited Liability Company \_\_\_\_\_

**Bank Information**

1. Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Type of Account #: (Checking/Savings) \_\_\_\_\_ Account #: \_\_\_\_\_

**Accounts Payable Contact:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Business Trade References**

1. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

3. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

In consideration of CAMDEN BAG & PAPER COMPANY LLC (hereinafter "Camden Bag & Paper") extending credit to the Applicant, the Applicant agrees to pay for all items delivered, for services rendered to, or at the request of the Applicant, in accordance with the Terms of each invoice or delivery document. Applicant agrees that each of the Terms and Conditions of sale **stated** in the invoice or delivery ticket shall be a term of the contract of each sale from Camden Bag & Paper to the Applicant. Applicant acknowledges that a one and a half percent (1-1/2%) per month interest shall be **assessed** Applicant on any invoice that is not paid within thirty (30) days. Applicant further agrees that with regard to any overdue invoice, Applicant and Camden Bag & Paper are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or an attorney, the Applicant agrees to pay all collection costs and attorneys fees in the amount equal to 25% of the outstanding receivable which the parties agree is reasonable. Applicant authorizes Camden Bag & Paper to obtain credit and financial information concerning the Applicant at any time, from any service. Applicant agrees that any dispute shall be exclusively resolved by New Jersey Law and through the Courts in Burlington County, New Jersey. The undersigned warrants that the above Agreement has been carefully read and that the Applicant understands it completely.

\_\_\_\_\_  
**Applicant Name (Please Print)**

\_\_\_\_\_  
**Signature of Applicant, Title**

**Date:** \_\_\_\_\_

*(For Camden Bag & Paper Use Only)*

Credit Limit \_\_\_\_\_ Account No. \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_