



**Application for Account**

e-mail to: [helpdesk@newellpaper.com](mailto:helpdesk@newellpaper.com)

fax to: 601-922-7761

For assistance, contact your local office at: Phone: 601-922-5858  
4400E Mangum Drive, Flowood, MS 39232 Toll Free: 800-543-5088

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Manager: \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (Street address and PO Box, if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long at present address? \_\_\_\_\_

Banks with: \_\_\_\_\_

Acct#: \_\_\_\_\_ Bank or Loan Officer: \_\_\_\_\_

List at least 5 references with whom applicant is doing business on a charge basis:

(Do not list banks or credit card companies)

\*\*If listing a utility or phone company, please include an authorization letter for each to release credit information

Business	Acct#	Phone#	Fax#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, agree to pay my account within terms stated. If the account becomes past due, I agree to pay the 1-1/2% service charge per month for all invoices not paid within 60 days. If there happens to be a returned check, I will be responsible to pay all fees. Also, I understand that if the account has to be turned over for collection, I will be responsible for those fees as well.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Federal ID # or Social Security # \_\_\_\_\_