



LIBERTY PAPER CO.

180 WEST 52nd STREET, BAYONNE, NJ 07002 / TEL: 201/823-1100 • 212/943-3481 • FAX: 201/823-1156

APPLICATION FOR CREDIT

Name of Firm Applying for Credit _____

Trade Name _____

Address _____

City, State and Zip Code _____

Telephone No. _____

Years at Address _____

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL
AND WILL BE HELD IN STRICTEST CONFIDENCE**

___ Corporation ___ Partnership ___ individual

___ Years in present business

PRINCIPALS:

Name	Home Address	Zip Code	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THE FOLLOWING INFORMATION IS ESSENTIAL
FOR COMPLETION OF THIS APPLICATION:**

BANK:	Name	Address	Zip Code	Phone
_____	_____	_____	_____	() - _____

ESSENTIAL ✓ ACCOUNT NUMBER: _____ ESSENTIAL

TRADE REFERENCES:

ESSENTIAL	Name	Address	Zip Code	Phone	ESSENTIAL
✓	_____	_____	_____	() - _____	ESSENTIAL
✓	_____	_____	_____	() - _____	ESSENTIAL
✓	_____	_____	_____	() - _____	ESSENTIAL
✓	_____	_____	_____	() - _____	ESSENTIAL

We verify that all information contained herein is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extending credit in accordance with our terms.

DATE _____ SIGNED _____

Tax Exempt No. _____ TITLE _____

Sales Representative No. _____