



PORTLAND PAPER PRODUCTS
 & JANITORIAL SUPPLIES

405 Western Ave. #158
 South Portland, ME 04106
 Fax: 866-497-5318

Date: _____

Confidential Credit Application

Customer to complete below									
Please check appropriate box: <table style="display: inline-table; vertical-align: middle;"> <tr> <td>Corporation</td> <td><input type="checkbox"/></td> <td>Partnership</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Proprietorship</td> <td><input type="checkbox"/></td> <td>LLC</td> <td><input type="checkbox"/></td> </tr> </table>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Federal Tax ID (Required)
Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>						
Proprietorship	<input type="checkbox"/>	LLC	<input type="checkbox"/>						
Corporate/Company Name:	Phone:								
Doing Business As:	Fax:								
Address:	Email:								
Purchasing Contact:	Phone:								
	Email:								
Owner/Officer Name:	SSN:								
Address:	Cell:								
	Email:								
Accounts Payable Contact:	Phone:								
	Fax:								
	Email:								
Current Bank Institution:									
Address:									
Account Number:	Contact:								

Applicant's signature attests and agrees to the financial responsibility, ability, and willingness to pay PPP invoices in accordance with the following terms:

- 1) I authorize PPP to request a personal and/or business credit report in order to determine charge status.
- 2) Payment is due within 15 days of invoice date, which will be given at time of delivery.
- 3) Any outstanding balance past thirty days will be subject to a 1.5% finance charge (18% APR).
- 4) Any account 30 days past due may be subject to COD status.
- 5) Applicant is liable for all costs of collection and reasonable attorney's fees necessitated by collection or legal action to recover past due indebtedness.
- 6) Applicant will advise PPP immediately upon any change of address, name, business status, ownership, or inability to remit balance due in accordance with our terms.
- 7) If applicant is a corporation, partnership or LLC, the undersigned individual is authorized to sign on behalf of said corporation or partnership and further personally guarantees full payment of this account.

Signature:	Date:
Please Print Name:	
Office use only	
<input type="checkbox"/> Approved for Full Charge	Credit Manager:
<input type="checkbox"/> Credit Denied	Reason: