



RENARD PAPER COMPANY INC.

4465 Manchester Avenue, St. Louis, MO 63110

since 1953

www.renardpaper.com

314.371.4422

Credit Application
(Please type or print)
FAX# 1-866-323-6947

Name of Firm: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Email address: _____

Type of Business: _____

Years Established: _____ Is business incorporated? Yes No

Federal ID: _____ Social Security #: _____

Bank Affiliation: _____ Bank Officer: _____ Bank Phone: _____

Owner(s) of Company: _____

Names of authorized buyers on this account: 1. _____ 2. _____

Are Purchase Orders required to charge your account? Yes No

Are all purchases taxable? Yes No Please attach tax form.

Business References:

1. _____ 2. _____

phone _____ phone _____

fax _____ fax _____

3. _____ 4. _____

phone _____ phone _____

fax _____ fax _____

Note: If account is authorized to purchase on open account, be it understood that all purchases are due and payable within the terms established between Supplier and Customer. Client agrees to pay a late fee of 1.5% per month with respect to all invoices. The undersigned official, to induce the granting of Credit to the above named firm, hereby personally guarantees the company's credit. Should it become necessary to collect this account through an attorney or agency, the undersigned including endorsers, agrees to pay any service charges and all costs of collection, including reasonable attorney's fees.

Signed by: _____
(Individually and as an officer of the firm)

Personal Guaranty

The undersigned acknowledges and agrees that Renard Paper Company, Inc. may utilize outside credit reporting services to obtain information of the undersigned. The undersigned official, to induce the granting of credit to the above named firm, hereby personally guarantees the company's credit. Should it become necessary to collect this account through an attorney or agency, the undersigned including endorsers, agrees to pay any service charges and all cost of collection, including reasonable attorney's fees.

Full name

Social Security Number