

VANGUARD PAPER COMPANY, INC. CREDIT APPLICATION

Salesman _____

Date _____

BUSINESS NAME _____
 Address _____ City _____ Zip _____
 Delivery Address _____ City _____ Zip _____
 Telephone _____ Type of Business _____
 How long at present location _____ How long in business _____
 Previous location address _____ City _____ Zip _____
 Check one: Individual _____ Partnership _____ Corporation _____

Give full name and home address of individual, and if a business, of each partner, or if a corporation, of each officer and office held by each.

Corporation Name _____
 Name _____ SS# _____ Telephone _____
 Home Address _____ Telephone _____
 Name _____ SS# _____ Telephone _____
 Home Address _____ Telephone _____
 Name _____ SS# _____ Telephone _____
 Home Address _____ Telephone _____

**TERM OF CREDIT
(The standard credit terms should be set forth)
GUARANTEE**

In consideration of VANGUARD PAPER COMPANY, INC. extending credit to _____, and our spouses, jointly and severally as individuals, agree to abide by all the terms of credit which may be owed to VANGUARD PAPER COMPANY, INC.

Signed in the presence of: x _____ x _____
Witness Applicant

List below bank connection and three concerns that are at present extending credit. In order to avoid delay in establishing credit please give full name, address and telephone on all references.

Bank _____ Telephone _____ Account # _____
 Address _____ City _____ State _____ Zip _____
 1. _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 2. _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 3. _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 4. _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

In consideration of any extension of credit by VANGUARD PAPER COMPANY, INC., the undersigned agrees to pay all costs of collection should any indebtedness not be paid promptly when due, including a reasonable attorney's fee, and an attorney's fee on appeal, whether suit be brought or not.

Account # _____ Signature _____
 Charge Opened _____ Title _____

****A SERVICE CHARGE OF 1 ½ % PER MONTH (\$1.00 MINIMUM) WILL BE ADDED TO INVOICES NOT PAID BY THE END OF THE SECOND MONTH OF PURCHASE. PURCHASER AGREES TO PAY ALL COST OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES SHOULD THIS ACCOUNT BE TURNED OVER TO AN ATTORNEY FOR COLLECTION. (ORANGE COUNTY VENUE).**