



# JOHNSON PAPER & SUPPLY CO.

INDUSTRIAL PACKAGING & PAPER MERCHANTS SINCE 1910  
806 – 14<sup>th</sup> Avenue N.E. MINNEAPOLIS, MN 55413  
Phone: 612-333-6308 Fax: 612-378-3204

## APPLICATION FOR CREDIT

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

YEAR INCORPORATED: \_\_\_\_\_ SALESPERSON: \_\_\_\_\_

TAX EXEMPT #: \_\_\_\_\_ PURCHASING CONTACT: \_\_\_\_\_

(Please fax or mail a copy of your tax-exempt certificate with this application)

CREDIT LINE REQUESTED \$ \_\_\_\_\_ CORPORATION  PARTNERSHIP  INDIVIDUAL

### OWNERSHIP

1. \_\_\_\_\_  
Name(s) of Principal(s) Complete Address Phone
2. \_\_\_\_\_
3. \_\_\_\_\_

### TRADE REFERENCES

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

### BANK REFERENCE

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

AUTHORIZED

SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_