



255 Route 1 & 9  
Jersey City, NJ 07306  
Tel: 201-437-7440  
Fax: 201-339-1017

**FOR OFFICE USE**

Acct Manager \_\_\_\_\_

Acct Number \_\_\_\_\_

Warehouse \_\_\_\_\_

**Account Application**

<b>Name of Business</b>		Date:
D/B/A:		Phone:
Address:		
City:	State:	ZIP:
AP Contact:	Phone:	Email:

**Company Information**

Type of Business:	In Business Since:	Tax I.D. Number	Tax Exempt Y/N
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
INVOICE VIA	MAIL <input type="checkbox"/>	EMAIL <input type="checkbox"/>	EDI <input type="checkbox"/>
<b>SHIPPING ADDRESS</b>			
Address:	City:	State:	Zip: Phone:

**Know Your Customer (KYC) Acknowledgement: This section is to be completed by Imperial Dade Sales Representative Only:***All Sales Representatives are required to meet Customer at the Billing Address listed above*

Date of Customer Meeting:	Name of Customer Representative:	Meeting Location Address:
Sales Representative Name:	Sales Representative Signature:	

<b>BANK NAME</b>	<b>ACCOUNT NUMBER</b>
<b>Contact</b>	<b>Phone</b>
<b>TRADE REFERENCE</b>	<b>Account Number</b>
<b>Contact</b>	<b>Phone</b>

**Condition of Sale**

A monthly charge of 1 1/2% (18% per year) will be applied to all invoices over 30 days old. The purchaser agrees to pay all costs of collection including a reasonable attorney's fee in the event invoices are placed with an attorney for collection whether a suit is brought or not. Purchaser shall pay seller a bank fee for all checks returned by the purchaser's bank regardless of reason. Purchaser herein consents to the entry of Confession of Judgment on failure to make payment within reasonable terms as defined by Imperial Dade. To secure the full and timely payment by Purchaser to Seller of all existing and hereafter arising amounts due seller, Purchaser hereby grants to Seller a priority (purchase money) security interest and lien in and to all goods, inventory, equipment, and fixtures sold to Purchaser by Seller from time to time and separate security interest in all other assets of Purchaser including, without limitation; (a) all of Purchaser's assets now existing or owned hereafter arising or acquired accounts; (b) goods for sale, lease or other disposition which have given rise to accounts and have been returned to or repossessed or stopped in transit by applicant; and (c) goods including, without limitation, inventory, equipment, fixtures, and vehicles. Purchaser hereby authorizes Seller to file and perfect any and all statutory lien rights and any rights under indemnity or performance bonds at any time regardless of whether payment is due to seller under seller's payment terms with the application. Purchaser hereby authorizes Seller to prepare and file any Uniform Commercial Code ("UCC") financing statements, amendments to UCC financing statements and any other filings or recordings in all jurisdictions where seller determines appropriate without Purchaser's signature and authorizes Seller to describe the collateral in such financing statements in any manner as seller determines appropriate. The undersigned request Imperial Dade and any of its subsidiaries (herein "Imperial") to sell and service the customer as stated in the application on page 1 and further certify that the statements made on this application are true, correct, and complete in all material respects; and the customer authorizes Imperial to investigate all references furnished pertaining to credit, including obtaining credit reports from outside agencies.

We understand these terms and agree to abide by them.

X

Signature: Corporate Officer/Partner/Owner

Print Name and Title

Date

**GUARANTY**

The undersigned personally guaranties adherence to all of the above stipulations as well as full payment of all indebtedness to the Seller now existing or hereinafter incurred including any and all service charges, collection costs and attorney fees incurred as specified above and waive any presentment, demand, protest and any other notice from Imperial regarding this guaranty of payment. This guaranty will cover all sales whether or not the terms requested are COD. The use of corporate titles shall not limit the personal liability of the signatory.

Name

Signature

Date

Witness

Signature

Date

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is The Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, DC 20580.



**Account Application  
(Continued)**

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Does your business/ organization qualify for Sales Tax Exemption?

Yes\_\_\_No\_\_\_

If the business qualifies for sales tax exemptions, you must provide a hard copy of your Tax Exemption Certificate/ ST3 in order to avoid sales tax charges.

Do you require a Purchase Order Number? Yes\_\_\_ No\_\_\_

What is your organization's preferred method of payment? (Please check one)

- ACH
- Check
- Credit Card (At the time of purchase)



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Imperialbag.com

## PRE-AUTHORIZATION FORM

For Payments made with your Visa/Mastercard/American Express/Discover Card

**I authorize Imperial Bag & Paper Co., LLC to keep my signature on file and to charge my credit card on an on-going basis for the amounts I owe. I understand that this authorization is valid until the card's expiration date unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my credit card account information.**

**Please complete the form below.**

\_\_\_\_\_  
**Customer Name**

\_\_\_\_\_  
**Name of cardholder**

\_\_\_\_\_  
**Billing Address**

\_\_\_\_\_  
**Business Phone Number**

\_\_\_\_\_  
**Credit Card Number (Last 4)**

\_\_\_\_\_  
**Exp. Date**

\_\_\_\_\_  
**Billing Zip**

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**