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New Customer Information Sheet

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

COMPANY NAME _____

TAX I.D. NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

CONTACT INFORMATION

MANAGER NAME _____

PHONE _____

ACCOUNTS PAYABLE NAME _____

PHONE _____ FAX _____

PAYMENT TERMS OFFERED _____

*COD, Cash only, or credit card only unless otherwise approved by management

SALES PERSON INFO

SALES REP NAME _____

PAYMENT GUARANTEE

A VALID CREDIT CARD NUMBER IS REQUIRED FOR ALL CREDIT APPLICATIONS. IF YOUR BALANCE IS NOT PAID IN FULL WITHIN THE ALLOWED PAYMENT TERMS, WE RESERVE THE RIGHT TO USE YOUR CREDIT/DEBIT CARD FOR PAYMENT. MASTERCARD, VISA, AND AMERICAN EXPRESS ARE ACCEPTED.

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

V-CODE (3 digit sec. Code) _____ CARD TYPE _____

CREDIT CARD BILLING ADDRESS _____ ZIP CODE _____

OWNER SIGNATURE x _____

DELIVERY STATUS

DELIVERY METHOD _____ (OUR TRUCK, UPS, PICK UP, ETC)

DELIVERY DAY _____

PLEASE FAX COMPLETED FORM BACK TO 314-989-0348