



CREDIT APPLICATION

Account Number	Date	
Bill to:	Ship to:	
Phone:	Phone:	
Fax:		
Preferred/Requested Terms		
General Business Information(To be	completed by a company officer)	
Years in Business:	Home Phone:	
Name:	E-mail:	
Title:	SS#	
Home Address	D.O.B:	
Tax Exempt (Yes) or (No) (If Yes, Please	se include a signed certificate)	
Purchase Order Required (Yes) or (No)		
Bank References		
Name of Bank:	Contact Name:	
Address:		
Type of Account		
Borrowing Bank	Contact Name:	
Name of Bank		
Type of Account		

Trade References

This Space used by Dubin/Hygeia Paper Companies					
	Guarantor's Name	Signture	Date	_	
	Guarantor's Name	Signture	Date	_	
effect requipaid.	The undersigned (jointly and severall by unconditionally guarantee payment owe to Dubin/Hygeia Paper Compan. This guarantee shall be continuing, alet until expressly revoked by a written ested, and also until all of said indebta	t of all indebtness, liabilities, or y or any of it's subsidiaries, or a bsolute, and unconditional guara notice from the undersigned sen ness, liabilities, and obligations es any and all interest due or to b collection agency fees, attorney	obligations, said applicant shal ffiliated companies. Intee and shall remain in full for certified mail, return receipt created before such notice shall become due together with any a fees, and court costs by Dubin	l at any orce and l be fully all costs /Hygeia	
Oth	er				
Are	a of Delivery				
Pref	ferred Times	to			
Spe	cific Delivery Instructions:				
4	Business Name	Telephone	Contact		
3	Business Name	Telephone	Contact		
2.	Business Name	Telephone	Contact		
2		-			