



# NEW ACCOUNT / CREDIT APPLICATION

72 James Way ♦ Eatontown, NJ 07724  
Phone: (732)-389-1040 ♦ Fax: (732)-389-9271  
Email: [Accounting@ronstanpaper.com](mailto:Accounting@ronstanpaper.com)  
Please E-mail or Fax to Attn: Credit Dept.

## Company Information

Name: \_\_\_\_\_ D&B Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Number of years in business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
CEO/President/Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation – In State ☐ LLC,LLP

## Billing Information

### Billing Name and Address (if different from above):

Name: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- ☐ Please check this box if you plan on paying with a credit card.  
Visa/MC subject to 2% and Amex subject to 3% acceptance fee.  
☐ Visa ☐ MasterCard ☐ AMEX  
☐ Please check this box if you require a purchase order number.

- ☐ If you would like invoices faxed to the above number please check this box  
☐ If you would like invoices emailed to the above address please check this box

## Shipping Information

Name: \_\_\_\_\_ Receiving Hours: \_\_\_\_\_  
Address: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

## **BANK REFERENCES**

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Bank Name: \_\_\_\_\_

Bank Official: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Account Number: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of years with Bank: \_\_\_\_\_

Fax: \_\_\_\_\_

## **CREDIT REFERENCE (3 Required)**

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1. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **TERMS & CONDITIONS**

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### **DEFINITIONS:**

1. "Business" as used herein shall mean and refer to the business entity, listed above, applying for an extension of Credit with Ronstan Paper & Packing by way of submission of this Credit Application.
2. "You" and / or "your" as used herein shall mean and refer to the authorized person and / or individual signing this Credit Application on behalf of Business.
3. "The parties" as used herein shall mean and refer to Business and Ronstan Paper & Packaging.
4. "This account" as used herein shall mean and refer to any extension of credit provided to Business by Ronstan Paper & Packaging pursuant to this Credit application.

### **TERMS & CONDITIONS:**

1. It is herein and hereby understood and agreed that by and through the submission of this Credit Application, Business is applying for an extension of credit with Ronstan Paper & Packaging and, in submitting this Credit Application, Business hereby and herein affirms that the information supplied above is true, accurate, and complete, and further assumes and affirms financial responsibility, ability, and willingness to pay invoices in accordance with the published terms of this Credit Application.
2. In the event Ronstan Paper extends credit to Business following the submission of this Credit Application, it is hereby and herein agreed and the parties understand that the Terms & Conditions as provided in this Credit Application shall be binding upon the parties.
3. It is herein and hereby understood and agreed that title to any and all merchandise supplied and / or provided by Ronstan Paper pursuant to this Credit Application is and shall remain the property of Ronstan Paper until paid for in full, including any and all monthly services charges authorized by this Credit Application, interest, and any and all other lawful charges.
4. Business, in submitting this Credit Application, hereby and herein authorizes Ronstan Paper & Packaging, at any point following the submission of this Credit Application, to verify and collect information on Business, including, but not limited to, bank references, trade a credit references, and / or commercial credit reports.
5. In compliance with the Fair Credit Reporting Act, this is to inform you that, in submitting this Credit Application, you are authorizing Ronstan Paper & Packaging and its suppliers, authorized agents, representatives, and / or employees to obtain a consumer and / or business profile credit report. You have the right to dispute the information provided on the consumer and /or business profile credit report obtained by Ronstan Paper & Packaging and its suppliers, authorized agents, representatives, and / or employees, and request additional disclosures provided under 15 U.S.C. §1681d(b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to 15 U.S.C. §1681g(c). You may do this by contacting the provider of the information obtained on the consumer and /or business profile credit report obtained by Ronstan Paper & Packaging and its suppliers, authorized agents, representatives, and / or employees. You hereby and herein understand and agree that Ronstan Paper & Packaging is not authorized to provide you with a copy of the consumer and /or business profile credit report obtained by Ronstan Paper & Packaging and its suppliers, authorized agents, representatives, and / or employees. You further hereby and herein agree to release and indemnify Ronstan Paper & Packaging and its agents, representatives, and / or employees from any and all liability which may result and / or in any way relate

to the credit investigation conducted by Ronstan Paper & Packaging and its agents, representatives, and / or employees.

6. All invoices provided to Business by Ronstan Paper & Packaging for services and / or supplies rendered to Business by Ronstan Paper & Packaging which remain unpaid and are otherwise outstanding and / or overdue for over thirty (30) calendar days from the date of the invoice shall be subject to a one and one-half percent (1 ½ %) monthly service charge, which Business hereby and herein agrees to pay.
7. In the event that it becomes necessary for Ronstan Paper & Packaging to place this account with an attorney for purposes of collection and / or litigation, Business hereby and herein agrees to pay, in addition to the principal amount owed to Ronstan Paper & Packaging, along with interest and any and all other lawful charges, including any and all monthly services charges authorized by this Credit Application, all costs of collection, including but not limited to court costs and reasonable attorneys' fees.
8. In submitting this application, Business hereby and herein understands and agrees that any and all decisions with respect to the extension and / or continuation of credit shall be in the sole discretion of Ronstan Paper & Packaging.
9. The terms of this Credit Application, and any litigation resulting therefrom, shall be governed by and construed in accordance with the laws of the State of New Jersey.
10. This Credit Application and the terms herein represent the entire agreement of and between the parties with respect to the extension of credit to Business by Ronstan Paper & Packaging and supersede and replace any and all other understandings, negotiations, and / or agreements, whether oral or in writing, previously entered into by the parties.
11. If any portion and / or term of this Credit Application is held to be unlawful, unenforceable, and / or unconscionable in any respect, that provision shall be applied in a manner that renders it lawful and enforceable to the fullest extent possible under the laws of the State of New Jersey.
12. If any portion and / or term of this Credit Application is held to be unlawful, unenforceable, and / or unconscionable in any respect, the remaining terms and / or provisions of this Credit Application shall remain in effect and be given full force and effect under the laws of the State of New Jersey.
13. On behalf of Business and its owners, officers, and / or operators, you, the undersigned, hereby and herein represent and warrant that by signing this Credit Application, you are an authorized representative of Business with full and complete authority to enter into binding contracts on behalf of Business.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**OFFICIAL TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## PERSONAL GUARANTY

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For valuable consideration the receipt of which is hereby and herein acknowledged, including the extension of credit by Ronstan Paper & Packaging to Business pursuant to this Credit Application, I, \_\_\_\_\_ (please print name), the undersigned, jointly and severally, unconditionally guarantee the full and prompt payment of all obligations which Business presently or hereafter may have to Ronstan Paper & Packaging, and payment, when due, of all sums presently or hereafter owing by Business to Ronstan Paper & Packaging. The undersigned personal guarantor further agrees to indemnify Ronstan Paper & Packaging against any and all losses Ronstan Paper & Packaging may sustain and expenses Ronstan Paper & Packaging may incur as a result of any failure of Business to perform, including reasonable attorneys' fees and court costs and any and all other expenses incurred in collecting the indebtedness of Business guaranteed hereunder or in enforcing this Guaranty against the undersigned. This shall be a continuing Guaranty.

The undersigned personal guarantor understands that Ronstan Paper & Packaging is relying, in whole or in part, on this Guaranty in entering into this agreement with Business.

The undersigned personal guarantor recognizes that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, and hereby and herein consents to and authorizes the use of a consumer credit report on the undersigned, by Ronstan Paper & Packaging, from time to time as may be needed in and during the credit evaluation process.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Official Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_