



SEMPER/EXETER PAPER COMPANY, LLC

Specialty Papers and Paperboard

APPLICATION FOR CREDIT

NAME and ADDRESS on YOUR PURCHASE ORDER _____

DATE _____

PHONE _____

FAX _____

YEARS IN BUSINESS _____ TRADE OR DBA NAME _____

DIVISION OR SUBSIDIARY OF _____ CORPORATION _____

PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

NAME OF PRINCIPAL AT LOCATION _____ TITLE _____

SALES TAX STATUS _____ EXEMPT _____ NON-EXEMPT (If exempt, please submit certificate)

Please list names, addresses, phone and FAX numbers of at least **THREE PAPER AND BOARD INDUSTRY SUPPLIERS** with whom you have done business and with whom you have established a credit line similar to that which you are requesting from Semper/Exeter Paper Company.

1. _____

2. _____

3. _____

4. _____

BANK ACCOUNT INFORMATION

BUSINESS ACCOUNT #: _____ NAME of Bank: _____

BANK OFFICER: _____ PH# _____

ADDRESS: _____ FX# _____

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the terms stated on invoice. Invoices unpaid by the net due date are subject to interest charges at 21% per annum. In the event that an account is placed for collection, applicant will be charged an additional 20% of unpaid balance as collection/legal fees.

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Semper/Exeter Paper Company to investigate the references listed pertaining to our credit and financial responsibility.

FIRM NAME _____

SIGNATURE _____ TITLE _____

PLEASE FAX TO (859) 341-2065

Return to Semper/Exeter Paper Company, 2617 Legends Way, Crestview Hills, KY 41017

If you have any questions, please feel free to call Kristin Bain at (859) 341-7100.

KENTUCKY

ILLINOIS

RHODE ISLAND