

BMS PAPER CO
3390 WASHINGTON STREET
BOSTON, MA 02130
PHONE: 617-522-1122 FAX: 617-522-4519

NAME: _____

ADDRESS _____ YEARS AT THIS ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

OWNERSHIP:

CORPORATION _____ PARTNERSHIP _____ OR INDIVIDUAL/SOLE _____

DATE INCORPORATED _____ PRINCIPAL _____

HOME ADDRESS _____

STATE OF _____

CORPORATE TAX I.D. _____ DATE OF BIRTH _____

SOCIAL SECURITY NO _____

FINANCE

BANK _____ OFFICER _____

ADDRESS _____ PHONE _____

TRADE REFERENCES:

1. NAME _____ PHONE _____

ADDRESS _____ CONTACT _____

2. NAME _____ PHONE _____

ADDRESS _____ CONTACT _____

3. NAME _____ PHONE _____

ADDRESS _____ CONTACT _____

PERSON IN CHARGE OF PAYMENTS _____ PHONE _____

I/we certify that all the information is correct as stated above and that I/we fully understand your credit terms/

In consideration of the extension of credit to the above named business entity, the undersigned principals, jointly and severally, and personally, guarantee payment of open account extended to above named business entity. If any charges imposed hereafter on the account extended to the above named business entity are not promptly paid, in addition to the balance due on the open account, (1) We shall pay finance charges of 1.5% each month on overdue unpaid balance and (2) We agree to pay reasonable attorney's fees and costs in the event legal action is undertaken for the collections of any sums due on such account.

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____ DATE _____