

Credit Department Fax Number
 713-939-8083
 Faxed signatures on this agreement
 will be considered as original signatures



BOSWORTH PAPERS, INC.
 P.O. BOX 2528
 HOUSTON, TEXAS 77252
 713-460-5060 / 800-292-3092

STANDARD AGREEMENT FOR AN OPEN ACCOUNT

Please complete ALL information requested. The information provided will be held in strictest confidence and our credit investigation will be conducted in accordance with Equal Credit Opportunity Act.

Full Company Name		Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>
		or Incorporated <input type="checkbox"/>	(check one)
Billing & Street Address		How long at this Location?	When Incorporated or Opened?
City, State & Zipcode		Nature of Business	
Telephone Number	Fax Number	Type of Printing Equipment	
Persons Authorized to Place Orders	Are Purchase Orders Required?	Number of Employees	

Names(s) of Principals of Company, their title, and home addresses & telephone numbers:

BUSINESS REFERENCES (Please provide complete addresses and phone numbers)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company Bank & Account No(s)	Address	Phone Contact
_____	_____	_____

This information is provided by the applicant (referred to as Buyer) for the purpose of obtaining an open account with Bosworth Papers, Inc. (referred to as Seller), and is warranted to be true and correct by the undersigned. This application is subject to acceptance by the Seller.

Payment for all purchases is due and payable on the 10th day of the month following delivery of the order; net and past due thereafter. A service charge may be assessed to the balance of any account that is thirty days past due, at 1.5% per month; no service charge will be added to an account balance if the balance is paid within thirty days of payment due date.

Should the credit of Buyer, in the judgement of Seller, become impaired at any time, the Seller has the right to require payment in advance of further shipments, and to demand immediate performance of Buyer of all obligations imposed by him of this agreement. This agreement is a contract for an open account between Buyer and Seller and cannot be modified except in writing and agreed to by both parties.

IF AN EXEMPTION FROM SALES TAX IS CLAIMED, THE REVERSE OF THIS FORM MUST BE COMPLETED.

Buyer gives the authority to the above listed references and/or any other credit reporting agency or reporting bureau contacted by Seller to release any and all information relevant to the credit history of the Buyer, including, but not limited to, information regarding the principals of Buyer.

BUYER: _____ DATE: _____
 Company Name _____
 SIGNATURE _____
 TITLE _____

CONTINUING GUARANTY

(Must be signed by Owner or Officer of Corporation)
 For value received and in order to induce the above named Seller to extend credit to the above named Buyer, I, the below named Guarantor, a person over the age of twenty-one (21) years, do hereby individually guarantee unconditionally and absolutely the payment of any and all indebtedness or liability now due or owing, or heretofore incurred, or for which Buyer may now be or hereafter become liable to the Seller, including, without limitation, the principal amount of any such indebtedness, interest, service charges, costs of legal process, reasonable attorney fees and court cost (when applicable), when due from the above named Buyer.

SIGNATURE _____	DATE _____
NAME _____	HOME PHONE _____
HOME ADDRESS _____	SOCIAL SECURITY AND/OR TEXAS DRIVERS LICENSE NO. _____

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATE

Name of purchaser firm or agency:

Address (street & number, P.O. Box or route number):

City, State, Zip

Telephone No.

TEXAS SALES & USE TAX NUMBER (11 DIGITS)

I, The purchaser named above, claim an exemption from payment of sales and use taxes for the purchase of taxable items described below, or on the attached order or invoice, from:

Seller: BOSWORTH PAPERS, INC. AND/OR BOSWORTH PAPER CHASE

Address: P.O. BOX 2528

City, State, Zip Code: HOUSTON, TEXAS 77252-2528

Description of items to be purchased (or copy of invoice attached)

Purchaser claims this exemption for the following reason.

IF EXEMPTION IS CLAIMED FOR RESALE, PLEASE PROVIDE THE SALES AND USE TAX NUMBER

(this number is an 11 digit number and is found on your Sales and Use Tax Permit that is displayed in your place of business).

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code; Limited Sales, Excise and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purposes Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax Act; The Texas Health and Safety Special Provisions Relating to Hospital Districts, Emergency Services Districts and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser:
Please Sign & Print

Title:

Date:

NOTE:

This certificate cannot be issued for the purchase, lease or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" numbers or "Resale Numbers" do not exist.

This certificate should be furnished the supplier.
**DO NOT SEND THIS CERTIFICATE TO THE
COMPTROLLER OF PUBLIC ACCOUNTS**