



350 High Street
La Crosse, VA 23950
Phone: 434.757.1616
Fax: 434.757.1617
Email: murlopaperplastics@yahoo.com

NEW CUSTOMER APPLICATION

Name of Murlo representative that you have been in contact with: _____

BUSINESS INFORMATION

Company Name: _____

Name of Contact Person: _____ Job Title: _____

Type of Business: _____ Years in Business: _____

Type of Ownership: ☐ Proprietorship ☐ Partnership ☐ Corporation

Phone: _____ Fax: _____

Email: _____

Billing Address: _____

City: _____ State/Zip: _____

Shipping Address: _____

City: _____ State/Zip: _____

List Owners or Corporate Members Below:

Owner/Corporate Member Name: _____ Phone: _____

Address (City/State/Zip): _____

Owner/Corporate Member Name: _____ Phone: _____

Address (City/State/Zip): _____

Owner/Corporate Member Name: _____ Phone: _____

Address (City/State/Zip): _____

TAX/PAYMENT INFORMATION *(If you are tax exempt, a tax-exempt form will need to be submitted also.)*

Type of Tax Exemption: ☐ Retail ☐ Non-profit ☐ Church

Tax Exemption ID: _____



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CREDIT REFERENCES *(Provide one bank and two (2) trade references.)*

Bank: _____ Bank Account #: _____

Bank Address (City/State/Zip): _____

Bank Phone: _____ Bank Fax: _____

Trade Business Name: _____ Length of Relationship: _____

Trade Address (City/State/Zip): _____

Type of Business: _____ Account #: _____

Trade Phone: _____ Trade Phone: _____

Trade Business Name: _____ Length of Relationship: _____

Trade Address (City/State/Zip): _____

Type of Business: _____ Account #: _____

Trade Phone: _____ Trade Phone: _____

NEW CUSTOMER AGREEMENT

1. All invoices should be checked against order as well as signed as proof of delivery.
2. Any claims arising from invoices or deliveries must be made known within 7 days of delivery.
3. All invoices are DUE UPON DELIVERY. Charge accounts MAY be available after 90 days.

I certify that the above information is accurate and agree to the listed terms.

Printed Name

Signature

Title

Date