



Clearfield Wholesale Paper

923 South 4th Street, Clearfield, PA 16830

Phn: (814) 765-7839

Fax: (814) 765-8919

CLFD1@CWP-ONLINE.COM

Account Update & New Account

Please complete and return by mail, fax, or email as listed above. Thank you!

BUSINESS INFORMATION

Organization Name: _____

Tax ID # (EIN or SS): _____ Sales Tax ID _____

Office Contact: _____ Tax Exempt # (Non Profit) _____

Office Phone: _____ Office Fax: _____

Office Email: _____ Website Address: _____

Address: Street Address: _____

City: _____ State: _____ Zip: _____

BILLING INFORMATION

Billing Contact Name: _____ Title: _____

Billing Phone: _____ Billing Fax: _____

Billing Email: _____

Billing Postal Address (if different from Organization Address):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Prefer to receive invoices via **email** _____ or **fax** _____

Prefer to receive monthly statements via **email** _____ or **fax** _____ or **Postal mail** _____

Email address or fax number for invoicing: _____

Prefer to be billed or pay via credit card at time of purchase? Bill me _____ Pay via CC _____

(If prefer to pay via credit card, please provide credit card info at end of this form)

SHIP-TO ADDRESS #1:

Street Address: _____

City: _____ State: _____ Zip: _____

Your information will remain confidential. Thank you for your business!



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SHIP-TO ADDRESS #2:

Street Address: _____

City: _____ State: _____ Zip: _____

SHIP-TO ADDRESS #3:

Street Address: _____

City: _____ State: _____ Zip: _____

RECEIVING HOURS _____

ORDERING INFORMATION

Ordering Contact Name: _____ Title: _____

Ordering Contact Phone: _____ Ordering Contact Fax: _____

Ordering Contact Email: _____

Ordering Contact Address (if different from Bus. Address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you require P.O. #? Yes ___ No ___

Want order confirmation via **email** _____ or **fax** _____

Email address or fax for order confirmation if different from above: _____

Prefer to be notified of your next sales rep visit by **email** _____ or by **post card** _____ or by **fax** _____

You can now shop, order, and view your purchase history and pricing online at:

WWW.CWP-ONLINE.COM

Please indicate a preferred username and password:

USERNAME: _____

PASSWORD: _____

This section for NEW CUSTOMERS ONLY: Credit References

Bank: _____

Business: _____

Address: _____

Address: _____

Bank Phone: _____

Phone: _____

Bank Contact: _____

Contact: _____

I, the undersigned, confirm that the information provided is true and accurate.

Signature: _____

Date: _____

Your information will remain confidential. *Thank you for your business!*