

PACKAGING PRODUCTS, INC. CREDIT APPLICATION

Please complete and fax to (734) 354-7801

BUSINESS NAME _____

ADDRESS _____

CITY _____

STATE/ZIP _____

TELEPHONE _____

FAX _____

D-U-N-S NUMBER _____

BUSINESS STRUCTURE

CORPORATION **PARTNERSHIP** **DIVISION/SUBSIDIARY** **PROPRIETORSHIP**

NAME OF PARENT COMPANY _____

WILL THEY GUARANTEE? _____

REQUESTED CREDIT LIMIT _____

BANK REFERENCES

INSTITUTION NAME

NAME TO CONTACT

TELEPHONE NUMBER

TRADE REFERENCES

NAME

ADDRESS

PHONE AND FAX NUMBER

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I HEREBY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS CORRECT. The information included in this credit application is for use by Packaging Products, Inc. in determining the amount and conditions of credit to be extended. I understand that Packaging Products may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Packaging Products in establishing a line of credit.

AUTHORIZED SIGNATURE _____

TITLE/DATE _____

**POLICY STATEMENT: INITIAL ORDER FOR NEW ACCOUNTS WILL NOT BE PROCESSED
UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.**
