|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| InterstateLogo_PMS875Credit Application for a Business Account | | | | | |
| Business Contact Information | | | | | |
| Title: | | | | | |
| Company name: | | | | | |
| Phone: | Fax: | | | E-mail: | |
| Registered company address: | | | | | |
| City: | | | | State: | ZIP Code: |
| Date business commenced: | | | | | |
| Sole proprietorship: | | Partnership: | | Corporation: | Other: |
| Business and Credit Information | | | | | |
| Primary business address: | | | | | |
| City: | | | State: | | ZIP Code: |
| How long at current address? | | | | | |
| Telephone: | Fax: | | E-mail: | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | | State: | | ZIP Code: |
| Type of account | Account number | | | | |
| Savings |  | | | | |
| Checking |  | | | | |
| Other |  | | | | |
| Business/trade references | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Agreement | | | | | |
| 1. All invoices are to be paid 30 days from the date of the invoice. 2. By submitting this application, you authorize Interstate Packaging Corp.. to make inquiries into the banking and business/trade references that you have supplied. | | | | | |
| Signatures | | | | | |
| Title:  Date: | | | | Title:  Date: | |