



**THE PACKAGING WHOLESALERS
REQUEST FOR CREDIT APPLICATION/TERMS**

You may fax your completed application to 630-237-4810

Company Name: _____

Telephone No. () _____

Fax No. () _____

Address: _____

Billing Address: _____

Bill to Attention of: _____

Type of Business: _____

Legal Structure:

() Corporation () Partnership () Sole Proprietorship

Corporate Officers or Partners

Controller: _____

Telephone No: _____

For Official Use Only:

Accept/Deny _____

Management Signature _____

Date: _____

Comments:



=====REFERENCES=====

1. Bank _____
Account No. _____
Contact _____
Telephone No. _____

2. Credit Reference _____
Account No. _____
Contact _____
Telephone No. _____

3. Credit Reference _____
Account No. _____
Contact _____
Telephone No. _____

4. Credit Reference _____
Account No. _____
Contact _____
Telephone No. _____

I verify the accuracy of this information and hereby give my consent for the exchange of Information with the above listed references for the purpose of establishing credit.

Signed: _____ Date: _____

For Official Use Only:

Accept/Deny _____

Management Signature _____

Date: _____

Comments:



**THE PACKAGING WHOLESALERS
CORPORATE CHARGE ACCOUNT CREDIT
APPLICATION/TERMS**

Invoices are due within 30 days. Any account exceeding 30 days due is considered past due.

Credit service will automatically be suspended on any account exceeding 45 days due.

In the event of non-payment, the undersigned agrees to pay any and all costs incurred in collection of this account, including, but not limited to, attorney's fees of at least 34% of the outstanding balance.

The company named above accepts responsibility for charges arising from the use of this account. In the event of unauthorized use of this account, the company named above must notify The Packaging Wholesalers' Customer Service Department at 800-548-9121 to prevent further charges.

This Corporate Charge Account Credit Application may be signed by counter-part signatures and a facsimile copy of this Application shall constitute an original of such Application.

By my signature below, I acknowledge that I have read and agreed to the terms, conditions and disclosures which are part of this application and that I am authorized by the above named company to make this application on their behalf.

Agreed by: _____
(Signature)

Date: _____

Print Name: _____

Title/Position: _____

For Official Use Only:

Accept/Deny _____

Management Signature _____

Date: _____

Comments: