



## Business Account Credit Application

Thank you for your interest in opening a Business Account with Pack It USA®!  
Establishing a business account with us is as easy as 1 - 2 - 3!

1. Complete and sign this Credit Application packet.
2. Fax the completed forms to us at 1-800-569-7819. We will call you with credit approval.
3. Place your order!

### Account Information

Company Name		
Address		
City	State	Zip
Telephone #	Fax #	
Contact 1	Name	Extension
	Department	E-Mail Address
Contact 2	Name	Extension
	Department	E-Mail Address

### Shipping Instructions

Ship To (Only if different from above and will apply to every order)

Address		
City	State	Zip
Receiving Hours (Only if other than 8:00 A.M. to 5:00 P.M.)		
Special Instructions		

## Application for Credit

Company Name			
Billing Address (Only if Different)			
City	State	Zip	
Accounts Payable Contact		Telephone #	Extension
Business Type (Please select one)			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Other		Please Specify	
Federal Identification # / Social Security #			
Subsidiary/Division of			
City			
Owners/Officers		Title	
Owners/Officers		Title	
How long have you been in business?		At this location?	
Federal Identification Number		Credit Requested	

## Trade References

1	Name			Phone #
	Address			
	City	State	Zip	Fax #
2	Name			Phone #
	Address			
	City	State	Zip	Fax #
3	Name			Phone #
	Address			
	City	State	Zip	Fax #

## Credit Terms

OUR TERMS ARE NET 30 DAYS.

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit. I agree to pay 1 1/2% per month, 18% yearly, on all past due balances. If our company defaults on payment of any outstanding valid invoices, we agree to pay for Pack It USA's attorney fees, collection expenses and all court costs arising from our failure to pay.

Officer	Date
Title	

## Bank Information Release Authorization

Customer Name		
Customer Address		
City	State	Zip
Bank Name		
Bank Address		
City	State	Zip
Telephone #	Fax #	
Contact	Extension	
Checking Account #		
Savings Account #		
Loan Account #		
Other Account #		

I give authorization for the release of information requested below

Officer	Date
Title	

### Bank to complete this portion.

Kindly provide the information below for the above-mentioned company. This company has requested credit with our company and your experience will be helpful to determine their credit worthiness. This information will be held in the strictest confidence.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Checking Account #</td></tr> <tr><td>Date Opened</td></tr> <tr><td>Current Balance</td></tr> <tr><td>Average Balance</td></tr> <tr><td>Returned Checks</td></tr> </table>	Checking Account #	Date Opened	Current Balance	Average Balance	Returned Checks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Savings Account #</td></tr> <tr><td>Date Opened</td></tr> <tr><td>Current Balance</td></tr> <tr><td>Average Balance</td></tr> </table>	Savings Account #	Date Opened	Current Balance	Average Balance			
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Your file would rate this account as (Kindly check one): <input type="checkbox"/> Excellent Risk <input type="checkbox"/> Good Risk <input type="checkbox"/> Fair Risk <input type="checkbox"/> Poor Risk													
Comments													
Bank Representative	Date												
Title													

**Kindly fax back to 1-800-569-7819. If you have any questions, please call 1-800-569-7816.**