

1689 Morrow Street · Green Bay, WI 54302 · 800-544-1935 phone · 920-436-4964 fax

CREDIT APPLICATION

For faster processing of your application, please fill out ALL addresses and accounts where required. *This application must be completely filled out in order to begin processing*. Your assistance is greatly appreciated. If credit is approved, your terms will be Net 30. Your credit limit will be established upon receipt of your first order.

<u>Late payment procedure:</u> If payment is not received within terms of sale, a 2% late fee may be charged. If payment is not received within 30 days of invoice due date, ALL orders will be placed on shipment hold. This will continue until payment is received, bringing your account up-to-date.

Business Name:						
Billing Address:	City:		State		Zip:	
Phone: Shipping Address:	Fax: City:				7in.	
Corporation	Sole Proprietorship	City: Partnersh	in		Zip: rnorated:	
Date Business Started:	D&B #:		·P	Date Incorporated:		
A/P Contact:			Phone:			
Email Invoices to:						
Website: Credit Amount Req.:						
Credit Amount Keq.:		_				
	PRINCIPALS, P				.,	
President	Name	PI	none	E	mail	
Vice President						
Purchasing						
<u> </u>		DANIZ DEEED	ENCE			
Bank Name:		BANK REFER				
Address:		Contact: Phone:				
	(CREDIT REFER				
Company Name:			Company Nan	ne:		
Contact:						
Fax:			Fax:			
Email:			Email:			
Company Name:			Company Nan	ne:		
Contact:		Contact:				
Phone:		Phone:				
Fax:		Fax:				
Email:		Email:				
	1	TELL US ABOU	T YOU!			
Do you p		Do you hot-stamp? Y/N				
What pro		What markets does your company serve:				
Merchandise Bags	Sani-Liner®		Retail	0	Fulfillment	
SOS Bags	Dura-Bag ®		Foodservice		l / Janitorial	
Gourmet Bags			Eco-Friendly	Hospital		
Eco-Shipper®			Omer:			