



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.

Late payment procedure: If payment is not received within terms of sale, a 1.5% 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: _____ **Fax:** _____
Shipping Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Corporation **Sole Proprietorship** **Partnership** **Date Incorporated:** _____
Date Business Started: _____ **D&B #:** _____
A/P Contact: _____ **Phone:** _____
Email Invoices to: _____
Website: _____
Credit Amount Req.: _____

PRINCIPALS, PARTNERS, CORPORATE OFFICERS

| | Name | Phone | Email |
|----------------|------|-------|-------|
| President | | | |
| Vice President | | | |
| Purchasing | | | |

BANK REFERENCE

Bank Name: _____ **Contact:** _____
Address: _____ **Phone:** _____

CREDIT REFERENCES

| | |
|----------------------------|----------------------------|
| Company Name: _____ | Company Name: _____ |
| Contact: _____ | Contact: _____ |
| Phone: _____ | Phone: _____ |
| Fax: _____ | Fax: _____ |
| Email: _____ | Email: _____ |

| | |
|----------------------------|----------------------------|
| Company Name: _____ | Company Name: _____ |
| Contact: _____ | Contact: _____ |
| Phone: _____ | Phone: _____ |
| Fax: _____ | Fax: _____ |
| Email: _____ | Email: _____ |

TELL US ABOUT YOU!

Do you post-print? Y / N

Do you hot-stamp? Y / N

What products are you interested in:

What markets does your company serve:

- Merchandise Bags Sani-Liner®
- SOS Bags Dura-Bag®
- Gourmet Bags
- Eco-Shipper®

- Retail Catalog / Fulfillment
- Foodservice Industrial / Janitorial
- Eco-Friendly Hospital
- Other: _____

Please return completed form via fax 920-436-4964 or email creditapp@wisconsinconverting.com