



ATTENTION: CREDIT DEPARTMENT

DATE: _____

FOR THE PURPOSE OF ESTABLISHING CREDIT ACCOMMODATIONS WITH YOU, THE FOLLOWING INFORMATION IS PROVIDED:

APPLICANT'S NAME: _____ FAX: _____ TELEPHONE: _____

ADDRESS: _____ CONTACT: _____

CITY & STATE: _____ KIND OF BUSINESS: _____

RESIDENCE ADDRESS: _____ DATE BUSINESS STARTED: _____

OWNERSHIP DATA (COMPLETE WHICHEVER IS APPLICABLE): BUSINESS SITE OWNED OR RENTED: _____

INDIVIDUAL: _____ (OWNER)
PARTNERSHIP: _____ (PTNR) _____ (PTNR)
CORPORATION: _____ (PRES) _____ (V.P.)
_____ (SECTY) _____ (TREAS)

IF CORPORATION, I/WE PERSONALLY GUARANTEE PAYMENT FOR ALL MATERIALS PURCHASED BY THE ABOVE APPLICANT, AND ALSO AGREE TO THE LAST PARAGRAPH OF THIS FORM.

SIGNED SIGNED

WE HAVE OPEN CREDIT ACCOMMODATIONS WITH THE FOLLOWING BUSINESS CONCERNS AND AUTHORIZE YOU TO CONTACT THEM:

(SUPPLY COMPLETE MAILING ADDRESS)

Table with 3 columns: FIRM NAME, ADDRESS, TELEPHONE NUMBER. Rows 1-4.

5. BANK ACCOMMODATIONS WITH (NAME OR BRANCH): _____
ACCOUNT NO. _____ ADDRESS: _____
TYPE OF ACCOUNT: COMMERCIAL _____ SAVINGS _____ LOANS _____

WE AGREE TO PAY PACKLESS' INVOICE(S) IN ACCORDANCE WITH THEIR TERMS. ON LATE PAYMENTS WE AGREE TO PAY PACKLESS' COURT COSTS, ATTORNEY'S FEES, AND OTHER COSTS OF COLLECTION, IF ANY. WE ALSO AGREE TO PAY INTEREST ON LATE PAYMENTS AT 18% PER ANNUM FROM THE DUE DATE ON THE INVOICE, OR SUCH LESSER MAXIMUM RATE ALLOWED BY LAW.

NAME OF COMPANY: _____

BY: _____ SIGNED

TITLE: _____