



**FLEXPAK**  
EXPECT EXTRAORDINARY

1894 W 2425 S Woods Cross, UT 84087  
(801) 956-0696 (801) 956-0697

### **Form Usage & Instructions**

To use this form, you must have Acrobat Reader 8 or greater installed. It is recommended by Adobe when updating to the latest version, to remove any previous version of Acrobat Reader.

To download the current version of Adobe Acrobat Reader,

### Form Navigation

- There are two ways to navigate from form field to form field.
  1. You can either use your mouse.
  2. You can use the tab key.
- To enter in text into a form field, you can either click (or tab to) the area you want to type in, and begin typing.
- To check off a choice (yes/no) on the form, click in the boxed or underlined area. This will place an "x" and the mark will appear.
- To print out a copy of the form, click the "Print Form" button found at the bottom of the last page.
- To reset the form, click the "Reset Form" button found at the bottom of the page.
- To submit the form by e-mail, click the "Submit by e-mail" button found at the bottom of the page.

In order to attach documents to the form, the following steps will assist you:

1. Save the form to your local hard drive
2. Choose the "View" menu, point to "Navigation Panels" and click to select "Attachments" so a check mark appears before the selection and the attachment navigation panel opens at the bottom of the screen.
3. Click the "Add" button at the top of the attachment navigation panel to open the "Add Attachment" dialog box.
4. Use the "Look in" drop-down list and click on your computer files in the "Attach a File" dialog box to browse to find the file you have saved and want to attach to the open PDF document.
5. Click to select the file you want to attach, and click the "Open" button to close the "Add Attachment" dialog box and add the file to the attachment navigation panel. The file is now attached to the open PDF document and will be included any time the PDF document is opened or e-mailed

Please fill out the form as completely as possible.

If you have any questions please contact us.

Thank you,  
Flexpak  
(801)956-0696



**TRADE REFERENCES****(Name major suppliers of products and service)**\_\_\_\_\_  
(Company Name)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(Contact)\_\_\_\_\_  
(Phone)\_\_\_\_\_  
(Fax)\_\_\_\_\_  
(Email)\_\_\_\_\_  
(Company Name)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(Contact)\_\_\_\_\_  
(Phone)\_\_\_\_\_  
(Fax)\_\_\_\_\_  
(Email)\_\_\_\_\_  
(Company Name)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(Contact)\_\_\_\_\_  
(Phone)\_\_\_\_\_  
(Fax)\_\_\_\_\_  
(Email)**BANKING REFERENCE**

Name of Bank: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**CREDIT CARD PAYMENT**

If you prefer to pay via credit card we will keep your information on file and charge the invoices to that card at the time of billing at no additional charge. However, if you request to charge the invoices after the billing date a 3% processing fee will be added to the amount charged. If you would like to pay via credit card please fill out the information below.

Type of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Terms & Conditions**

Upon Default of terms and conditions, applicant agrees to pay and collection cost incurred by Flexpak, Inc. in the collection of the amount balance, including reasonable attorney fees.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You authorized to investigate the credit references listed.

Payment terms on all product purchases are Net 30 Days, unless explicitly stated in this agreement. A finance charge of 1-1/2% per month (18% annually) will be assessed all past due accounts.

The undersigned warrants that he/she has the authority to execute this Credit Application for Debtor and to bind said company to the terms contained herein and further certify the the information provided herein is true and correct.

I / We authorize you of your agent/representative to secure a credit report regarding Debtor from time to time in connection with the extension of continuation of credit represented by this Agreement of the collection of debts resulting there from. Debtor further agrees to the release of credit information, including the reporting of credit history to credit reporting agencies, consistent with the Fair Credit Reporting Act 15 U.S.C § 1681, et seq., as amended. This authorization shall be continuing without expiration. A photocopy or facsimile copy shall be given the same effect as the original.

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Signature) (Title) (Date)

For Internal Flexpak Use Only:

Credit Limit Granted: \_\_\_\_\_ Terms Granted: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Sales Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

