



**Credit Application**

Salesman: \_\_\_\_\_  
Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA or other business name used: \_\_\_\_\_

Line of credit requested \$ \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at both addresses? \_\_\_\_\_

Federal Tax I.D.# \_\_\_\_\_ Sales Tax I.D.# \_\_\_\_\_

**We must have a copy of Sales Tax Exemption Certificate to waive the sales tax. Please provide a signed copy with your application.**

Former Business address (If applicable) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date established: \_\_\_\_\_

Type of ownership: Sole Proprietorship \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Principal: \_\_\_\_\_  
(Name) (Title) (SS#) (State of residence)

Principal: \_\_\_\_\_  
(Name) (Title) (SS#) (State of residence)

Controller: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Estimated annual sales \$ \_\_\_\_\_ Sales Area: \_\_\_\_\_

Has the firm or any of its principals ever filed for bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_



**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 you 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: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Email receipt: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**TERMS AND CONDITIONS**

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

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You authorize Flexpak 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 on 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 that the Information provided herein is true and correct.

I / We hereby authorize you or 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 or 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, etseq., 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: _____

