



Company Name: _____ AKA or Affiliations: _____

Billing Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax No.: _____

Shipping Address: _____

City/State/Zip: _____

Contact in A/P: _____ E-mail address: _____

Years in business by Current owner: _____ Open Accts Rec Bal: _____ # Of Employees: _____

Corporation		Partnership		Sole Proprietorship		Individual	
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Requested Credit Line Amount: _____

Tax ID No./ SS No.: _____ *State Resale No.: _____

Type of Business/Products Sold: _____ Gross Annual Sales: _____

Has company or any of its officers, partners or owners filed for relief under bankruptcy laws? _____

Names of Owners, Partners or Proprietors	Title	Address
1.		
2.		
3.		
4.		

Credit References:	Telephone	Fax or e-mail address
1.		
2.		
3.		

Bank Reference: _____	Contact: _____	Phone: _____
Address, City, State: _____		Fax: _____
Account No. _____		

The applicant authorizes Carow Packaging to obtain a written or verbal report from any credit reporting agency to determine credit approval. The applicant further authorizes any bank or commercial business with whom the applicant has conducted business with, to provide all necessary information to the creditor to fully complete the credit investigation process. Carow Packaging Terms of Credit: Net 30 days from date of shipping. A service charge of 1.5% per month may be assessed on any delinquent balances over 30 days.

Authorized corporate representative of applicant acknowledges with signature, that all information contained in the Credit Application to be true and accepts defined terms of credit Net 30 (1.5% monthly service charge/18%annual rate) for all past due amounts.

SIGNATURE _____ PRINTED NAME _____

TITLE _____ DATE _____

PLEASE BE AWARE THAT THE CREDIT SET UP PROCESS COULD TAKE UP TO TWO WEEKS

Fax signed form back to 815-455-7543.

*Required: Please attach your sales tax certificate.