



## APPLICATION FOR OPEN ACCOUNT CREDIT

Store Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ State Sales Tax No. \_\_\_\_\_

Year Business Started \_\_\_\_\_ Owner's Name \_\_\_\_\_

(PLEASE PRINT)

Business is  Corporation  Partnership  Sole Ownership

If Incorporated, the Corporate Name Is: \_\_\_\_\_

If not Incorporated, Owner's Name(s): \_\_\_\_\_

Reference: \_\_\_\_\_ Reference: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference: \_\_\_\_\_ Reference: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

*The entire balance of all credit accounts are due payable according to the terms of sale of each invoice. A late charge of 1-1/2% per month with a maximum of 18% per annum will be assessed on the past due balance. In the event that a delinquent account is placed in the hands of a licensed collector or attorney for collection, or suit is instituted on the account, in addition to the amount of the account and the assessed finance charges, the undersigned agrees to pay all costs and reasonable collector's or attorney's fees. The undersigned agrees that all credit hereafter extended shall be deemed subject to the terms herein agreed upon. I understand that the approval of credit for which this application is made is at the sole discretion of The Packaging Source, Inc.*

Customer's Signature

Title/Date

ORDERS WILL BE HELD UNTIL CREDIT APPLICATION IS RETURNED

The Packaging Source, Inc. P.O. Box 1248 Kernersville, NC 27285

1-800-624-6244 Nationwide

1-336-996-0399 FAX