The Packaging Source
YOUR COMPLETE SOURCE FOR RETAIL PACKAGING

CREDIT APPLICATION

DATE

APPLICATION TYPE

☐ New ☐ Update

BUSINESS INFORMATION

NAME OF BUSINESS

ENTITY TYPE

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

STREET ADDRESS

CITY | STATE | ZIP CODE

BUSINESS PHONE | EMAIL

BILLING ADDRESS (IF DIFFERENT)

IN BUSINESS SINCE (YEAR) | TYPE OF BUSINESS

SALES TAX EXEMPT # | FEDERAL I.D. #

ACCOUNTS PAYABLE CONTACT

CONTACT NAME | PHONE | EMAIL

PARENT COMPANY (COMPLETE ONLY IF APPLICANT IS A SUBSIDIARY)

NAME OF PARENT COMPANY | PARENT COMPANY ADDRESS

BANKING INFORMATION

ACCOUNT TYPES

☐ Checking ☐ Loans

BANK NAME | BANK PHONE

BANK ADDRESS

ACCOUNT NUMBER | OFFICER OR MANAGER HANDLING ACCOUNT

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PRINCIPALS (COMPLETE ONLY IF BUSINESS IS A SOLE PROPRIETORSHIP OR PARTNERSHIP)

Principal 1

FULL NAME | CELL PHONE

HOME ADDRESS

CITY | STATE | ZIP CODE | EMAIL ADDRESS

Principal 2

FULL NAME | CELL PHONE

HOME ADDRESS

CITY | STATE | ZIP CODE | EMAIL ADDRESS

OFFICERS (COMPLETE ONLY IF BUSINESS IS INCORPORATED OR AN LLC)

OFFICER 1 — NAME | TITLE

OFFICER 2 — NAME | TITLE

OFFICER 3 — NAME | TITLE

TRADE REFERENCES

Reference 1

COMPANY NAME | EMAIL (REQUIRED)

ADDRESS | PHONE | ACCOUNT #

Reference 2

COMPANY NAME | EMAIL (REQUIRED)

ADDRESS | PHONE | ACCOUNT #

Reference 3

COMPANY NAME | EMAIL (REQUIRED)

ADDRESS | PHONE | ACCOUNT #