

PackageSpot

Please print, fill-out and fax back to 714-516-1707. We will notify you with credit status via e-mail.

CREDIT APPLICATION

Page 1 of 2

Name of Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____ Email: _____

Business Type: ___ Individual ___ Partnership ___ Corporation ___ Other

Tax ID #: _____ State Resale #: _____

Owner/Principal: _____ Soc. Sec. #: _____
(Name & Title)

Owner/Principal: _____ Soc. Sec. #: _____
(Name & Title)

Owner/Principal: _____ Soc. Sec. #: _____
(Name & Title)

Accounts Payable Contact: _____ Phone# & Ext. _____

Type of Business: ___ Manufacturing ___ Distribution ___ Retail ___ Other

Years in Business: _____ Number Of Employees: _____

At location since: _____ (___ Own ___ Rent)

BANK REFERENCE(S)

Bank Name: _____ Phone: _____

Address: _____

Account #: _____ Bank Officer: _____

Bank Name: _____ Phone: _____

Address: _____

Account #: _____ Bank Officer: _____



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TRADE REFERENCES

1.) Company Name: _____

Address: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

2.) Company Name: _____

Address: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

3.) Company Name: _____

Address: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

DECLARATION AND CREDIT TERMS (Please read before signing)

We understand what your terms are and we agree to meet these terms. We agree to pay a service charge of 1% per month on accounts 30 days past due. If we default in payment of our account, we agree to pay collection expenses and attorney fees and costs. Any litigation arising from any transactions between us must be filed in the Court of Orange County, State of California. In the event the account becomes delinquent, creditor reserves the right to accelerate and demand payment of the balance in full. We authorize you to obtain such information you may require concerning the statements contained herein and agree that the application shall remain your property. We authorize you to release information concerning our credit worthiness to other creditors and to credit bureaus.

I, the undersigned, do hereby agree to the terms of this credit account. I am an authorized purchasing agent for the above named business organization.

Date: _____

Signature: _____

Print Name: _____

Title: _____

Email: _____