

PACKAGE CRAFT, LLC

P.O. BOX 430
146 PACKAGE CRAFT ROAD
BETHEL, NC 27812
252-825-0111 Fax: 252-825-0100

For internal use:

Date Approved:

Approved by:

Credit Limit:

Terms:

APPLICATION FOR CREDIT

BUSINESS INFORMATION

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of business or products produced at this facility:

Year business started:

Tax ID #

Dun & Bradstreet #:

County:

Sole proprietorship:

Partnership:

Corporation:

Other:

Credit limit requested:

Terms requested:

Are you tax exempt in the state of North Carolina? _____ Please include a copy of your resale tax exemption certificate. **We must have this on file before we can honor your exemption.**

BANK REFERENCE

Bank Name:

Contact:

Bank Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of account

Account #

Checking

Savings

Other

BUSINESS/TRADE REFERENCES (You have purchased from within the last 6 months)

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of account:

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of account:

BUSINESS/TRADE REFERENCES (Continued)

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	E-mail:
Type of account:		

OTHER INFORMATION

Bill to Address:	Ship to Address:
Ship to Directions:	
Purchasing Contact:	
Purchasing Phone:	Fax:
	E-Mail:
Receiving Contact:	
Receiving Phone:	Fax:
	E-Mail:
Accounts Payable Contact:	
A/P Phone:	Fax:
	E-Mail:
Can a 45' trailer be used for delivery?	
Do you have a loading dock?	Dock Height:
Is a hand jack needed?	Is one available?
	Is a forklift available?
Should boxes be palletized:	Maximum unit height - including pallet:
Pallet limitations if any:	
Receiving days/hours:	
Appointment needed for delivery:	If so, contact:
Please list any special instructions that we may need to know:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless other terms have been approved in writing.
2. Claims arising from invoices must be made within seven working days.
3. By signing this agreement, you acknowledge that all information in the above application is true and correct to the best of your knowledge and you authorize PACKAGE CRAFT, LLC to make inquiries into the banking and business trade references that you have supplied.
4. In the event of default, I agree to pay all costs, including reasonable attorney fees and court costs incurred to collect any unpaid delinquent invoices belonging to the above customer. Interest will be charged to the customer's account at a rate of no less than 1% per month on any past due balance.

SIGNATURES

Signature/Title

Date

Signature/Title

Date