



# Package Supply Corporation

355 Bodwell Street, Avon, MA 02322

508 583-8066

fax - 508 583-8196

## CREDIT APPLICATION

ACCOUNT NUMBER

SALES #

NAME OF FIRM			SOCIAL SECURITY OR FEDERAL TAX NO.		
STREET AND/OR BUILDING					
MAILING ADDRESS					
CITY		STATE	ZIP CODE		TELEPHONE NO.

TYPE OF BUSINESS		YEARS IN BUSINESS	TYPE OF ORGANIZATION		
			PERSONAL	PARTNERSHIP	CORPORATION
NAME OF OFFICERS OR OWNERS OF FIRM					
STREET ADDRESS		CITY		STATE	ZIP CODE
BANK AFFILIATION					
STREET ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE NO.		TYPE OF ACCOUNT		ACCOUNT NO.	
		CHECKING	SAVINGS		

NAME OF AUTHORIZED BUYERS ON THIS ACCOUNT					
ARE PURCHASE ORDERS REQUIRED?		SALES TAX EXEMPTION NUMBER		MAXIMUM CREDIT APPLIED FOR	
YES	NO				
CONTACT NAMES OF ACCOUNTS PAYABLE					
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.

### BUSINESS REFERENCES

1.	2.	3.
PHONE:	PHONE:	PHONE:

CREDIT TERMS: All purchases must be paid within 30 days of invoice date. If not so paid, a late payment of 1 1/2% per month (18% per annum) will be charged on all purchases which are 45 days or older. The late payment charge is calculated on the last day of every month.

In consideration for Package Supply Company, Inc. extending credit for merchandise, I as an Individual or we as partners or officers hereby jointly and severally personally guarantee full payment in accordance with their stated credit terms. Any change in this agreement must be in writing and on file with the credit department of Package Supply Company, Inc.. I also agree to pay all costs associated with the collection of any debt owed Package Supply Company, Inc..

I hereby grant permission for you to verify this information with the references and agree to the above credit terms.

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

*Individually and as an Officer of the Firm*