



# 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*