

9416 Route 125
Beardstown, IL 62618
PHONE (217) 679-2681

CREDIT APPLICATION and AGREEMENT

This Credit Application and Agreement is for the purpose of obtaining credit from Crate and Pallet Packaging Company. Thank you for your interest in our company products and services. We appreciate your business and look forward to a long and prosperous business relationship. Please complete the application in full and return by fax, mail to the address above or email. This form is .pdf and can be filled in on your computer. Please note our credit terms.

All payments are due upon our terms. Our Terms are Net 20 days

1. COMPANY INFORMATION:

Legal Name of Business: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Shipping Address: (If different from above): _____

City, State, Zip: _____

Phone: _____ Fax: _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

PO Required: Yes No

Years in Business: _____

Description of Business: _____

Business Type: _____
(Corporation, Partnership, Proprietorship, etc.)

US Federal ID (EIN) #: _____ State of Incorporation: _____

Taxable: Yes No

If no, attach a copy of your Tax Exempt Certificate with #

REFERENCES

BANK:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ FAX: _____

Bank Contact: _____

TRADE (3 REQUIRED):

a. Company Name: _____

Address: _____

Phone: _____ FAX: _____

Contact: _____ Email: _____

b. Company Name: _____

Address: _____

Phone: _____ FAX: _____

Contact: _____ Email: _____

c. Company Name: _____

Address: _____

Phone: _____ FAX: _____

Contact: _____ Email: _____

The signature below of the authorized person of the prospective client provides authorization for Crate and Pallet Packaging Company, LLC to perform a credit check for the purposes of determining credit worthiness. All information will be held in the strictest confidence.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

Crate and Pallet Packaging Company, LLC
New Customer Contact Sheet

THIS FORM MUST BE COMPLETED IN FULL AND RETURNED
WITH CREDIT APPLICATION PRIOR TO 1ST ORDER

Date: ___ / ___ /2021

CUSTOMER NAME: _____

Mailing Address: _____ Ship To Address: _____

City: _____ State: _____

City: _____ State: _____

Zip + 4: _____ - _____

Zip + 4: _____ - _____

CUSTOMER SIC #: _____

CONTACTS & TELEPHONE NUMBERS:

Purchasing Agent Contact:

NAME _____ PH: _____ EMAIL _____

FAX: _____

Receiving Contact:

NAME _____ PH: _____ EMAIL _____

FAX: _____

Accounting Contact:

A/P NAME _____ PH: _____ EMAIL _____

FAX: _____

CREDIT LIMIT REQUESTED: _____

CREDIT TERMS REQUESTED: _____

SPECIAL INVOICING INSTRUCTIONS: (1 / PO)

DIRECTIONS TO CUSTOMER: _____

SPECIAL INSTRUCTIONS:

RECEIVING HOURS: _____ AM TO _____ PM 24 HOURS

DELIVERY APPOINTMENT REQUIRED: ___ Y ___ N

WAREHOUSE CONTACT: _____ PH. _____ EMAIL _____

OTHER: _____
