

**CREDIT APPLICATION - PAGE 1**

The undersigned company is applying for credit with Western Packaging and agrees to abide by the standard terms and conditions of Western Packaging as printed below.

Company name \_\_\_\_\_  
 DBA (if different) \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Federal Tax ID or Social Security Number \_\_\_\_\_  
 Type of business \_\_\_\_\_ No. of employees \_\_\_\_\_  
 Date business established \_\_\_\_\_  
 Types of products you will purchase \_\_\_\_\_  
 Amount of credit requested \$ \_\_\_\_\_

**ARE YOU A:**

**Corporation**

State of Incorporation \_\_\_\_\_

Names, titles, and addresses of your three chief corporate officers:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and address of your resident agent

\_\_\_\_\_

**Partnership**

Name and addresses of the partners

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sole Proprietorship**

Are you sales tax exempt?  Yes  No

Have you ever had credit with us before?  Yes  No

If yes, under what name? \_\_\_\_\_

Authorized purchasers \_\_\_\_\_

Purchase order required?  Yes  No

Please indicate preferred method for receiving invoices.  Mail  Email  Fax

**CREDIT APPLICATION - PAGE 2**

TRADE REFERENCES

Reference 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone, Fax & Email \_\_\_\_\_

Reference 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone, Fax & Email \_\_\_\_\_

Reference 3

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone, Fax & Email \_\_\_\_\_

I represent that the above information is true and is given to induce Western Packaging, Inc. to extend credit to the applicant. My company and I authorize Western Packaging to make such credit investigation as Western Packaging sees fit, including contacting the above trade references, banks, and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Western Packaging any and all information concerning the financial and credit history of my company and myself.

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GENERAL TERMS, CONDITIONS AND PERSONAL GUARANTEE**

1. All bills become payable in full on the 30th day after the date of invoice, any invoices outstanding after 30 days are considered past due.
2. A service charge of 2% per month will be added to all amounts billed if not paid by the end of the month.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit dept.
4. In the event it becomes necessary to file action to collect any obligations, the prevailing party agrees to pay reasonable attorney's fees, court costs and collection fees applicable by law and governed by the State of Texas.