



I N N O V A T I V E P A C K A G I N G

1500 North Parker Drive
Janesville, WI 53545
608-754-8850 / Fax: 608-754-5703

CREDIT APPLICATION

Please complete and return this application form to apply for net thirty days credit.

Company Name: _____

Company Address: _____

Billing Address: _____

Phone: _____

Mobile: _____

Fed. ID # (OR) Soc. Sec. # _____

Line of Credit Required (\$) _____

Duns # : _____

Are you: Corporation____ Partnership____ Sole Proprietor____

Full name and title of owner(s) / officer(s):

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Type of business_____ Year started_____ Est. Annual Sales/\$_____

CONTACTS:

Ordering: Name: _____ Phone:_____

Shipping: Name: _____ Phone:_____

Billing-A/P Name: _____ Phone:_____

CREDIT APPLICATION (cont.)

REFERENCES:

Name of Bank _____

Address _____

Phone _____

E-mail _____

Account # _____

Contact Person _____

PLEASE LIST THREE TRADE REFERENCES:

Name _____

Address: _____

Phone _____

E-mail _____

Contact Person _____

Name _____

Address: _____

Phone _____

E-mail _____

Contact Person _____

Name _____

Address: _____

Phone _____

E-mail _____

Contact Person _____

I certify that all the information on this form is correct. I fully understand and agree to the credit terms.

Signed _____

Title _____

Date _____