



APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION
(REQUIRED)

Company Name:		
Billing Address:		
City:	State:	ZIP Code:
Shipping Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

ACCOUNTS PAYABLE INFORMATION
(REQUIRED)

Accounts Payable Contact:		
Telephone:	Fax:	Email:
Invoicing Email:		

SALES TAX INFORMATION
(REQUIRED)

Are you exempt from paying state sales tax?

Yes If yes, please provide copies of tax exempt or resale certificates for all ship-to states.

No

CREDIT INFORMATION
(REQUIRED IF APPLYING FOR CREDIT TERMS)

Date Business Established:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
Type of Business:			
Number of Employees:			
Officers/Principals:			
1.			
2.			
Business Bank:			
Bank Address:		Phone:	
City:	State:	ZIP Code:	
Type of Account:	Account Number:		
Tax ID:			
D-U-N-S #			
Estimated Line of Credit Required:			

BUSINESS/TRADE REFERENCES
 (REQUIRED IF APPLYING FOR CREDIT TERMS)
 FIVE CURRENT SUPPLIERS: OMIT UTILITY COMPANYS & PERSONAL CREDIT CARDS

Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

CREDIT AGREEMENT

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish Oliver Packaging & Equipment Company any and all information which may be requested. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. All sales, unless otherwise noted, are **Net 30 Days** and these terms are strictly enforced. Customer agrees to pay all collections costs, attorney’s fees, and court costs incurred in the collections of said amount in the event legal action is necessary.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

SIGNATURE

Signature:

Printed Name:

Title:

Date: