



Credit Application

* INDICATES REQUIRED FIELD

BILL TO

SHIP TO

* Full Legal Name of Business:	<input type="text"/>	<input type="text"/>
d/b/a Trade Name(s):	<input type="text"/>	<input type="text"/>
* Mailing/Street Address:	<input type="text"/>	<input type="text"/>
2nd Address Line (if needed):	<input type="text"/>	<input type="text"/>
* City / State / Zip Code:	<input type="text"/>	<input type="text"/>
* Telephone Number:	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>

COMPANY INFORMATION

* Specialty Pkg. Sales Rep First Name:	<input type="text"/>
* Specialty Pkg. Sales Rep Last Name:	<input type="text"/>
* Date Business Started:	<input type="text"/> mm/dd/yyyy
Federal ID Number:	<input type="text"/>
Parent Company:	<input type="text"/>
Parent HQ Mailing Address:	<input type="text"/>
Parent HQ 2nd Address Line (if needed):	<input type="text"/>
Parent HQ City / State / Zip Code:	<input type="text"/>
* Tax Status:	<input type="checkbox"/> Exempt <input type="checkbox"/> Taxable If Exempt , please attach tax certificate.

ACCOUNTS PAYABLE INFORMATION

* Accts Payable Contact:	<input type="text"/>	* A/P Email:	<input type="text"/>
* A/P Phone Number:	<input type="text"/>	* A/P Fax Number:	<input type="text"/>
A/P Address:	<input type="text"/>	A/P Address 2nd Line:	<input type="text"/>
A/P City / State / Zip:	<input type="text"/>	Purchasing Email:	<input type="text"/>
Purchasing Contact:	<input type="text"/>		

BANK REFERENCES

* Bank Name	* Contact	* Contact Email	* Account Number	* Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Checking <input type="radio"/> Savings
* City	* State	Zip Code	* Phone Number	* Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRADE REFERENCES

REFERENCE #1	Company Name	Contact Name		
	<input type="text"/>	<input type="text"/>		
	Account Number	Contact Email		
	<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCE #2	Company Name	Contact Name		
	<input type="text"/>	<input type="text"/>		
	Account Number	Contact Email		
	<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCE #3	Company Name	Contact Name		
	<input type="text"/>	<input type="text"/>		
	Account Number	Contact Email		
	<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Have you done business in the last five years under any other name or are there any other related companies? ☐ Yes ☐ No

If YES, please provide previous name:

If YES, please provide previous address:

APPLICATION SUBMISSION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Authorized Applicant (Please Print)	* Authorized Handwritten Signature	* Title	* Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Applicant (Please Print)	Authorized Handwritten Signature	Title	Date

When the Credit Application has been completed and signed, please return it along with the following attachments to:

Specialty Packaging
Email: credit@specialtypackaging.com
Fax Number: 860-386-6683
Phone Number: 860-386-6750



1. Current financial statements (if available)
2. Tax Exemption Certificate (if applicable)