

CREDIT APPLICATION

Thank you for your interest in opening a Business Account with Shipping Supply.
We'll have you going in two easy steps!

1. Complete and sign this form
2. Fax the completed form to us at 1-414-290-1173 and we'll call upon approval.



<http://www.shippingsupply.com>

Company Name		
Company Address Line 1		
Company Address Line 2 (if needed)		
City	State	Zip
Telephone #	Fax #	

Contact #1	Name	Extension
	Department	Email Address
Contact #2	Name	Extension
	Department	Email Address

SHIPPING INSTRUCTIONS

If different from address above -- applies to every order.

Shipping Address Line 1		
Shipping Address Line 2 (if needed)		
City	State	Zip
Special Shipping Instructions (if needed)		



COMPANY INFORMATION

Company Name		
Billing Address Line 1		
Billing Address Line 2 (if needed)		
City	State	Zip
Accounts Payable Contact	Phone	Extension

Business Type (select one)

Corporation

Partnership

Other

If "Other" Please Specify

Federal Identification Number / Social Security Number

Subsidiary / Division Of

City

Owner / Officer

Title

Owner / Officer

Title

How long have you been in business?

At this location?

TRADE REFERENCES

1.	Name	Phone		
	Address			
	City	State	Zip	Fax
2.	Name	Phone		
	Address			
	City	State	Zip	Fax

CREDIT TERMS

OUR TERMS ARE NET 30 DAYS.

I (the customer) certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit. I agree to pay 1 1/2% per month, 18% yearly, on all past due balances. If our company defaults on payment of any outstanding valid invoices, we agree to pay for Shipping Supply's attorney fees, collection expenses and all court costs arising from our failure to pay.

Owner / Officer	Title
Date	

BANK INFORMATION AND AUTHORIZATION

Customer Name		
Customer Address Line 1		
Customer Address Line 2 (if needed)		
City	State	Zip
Bank Name		
Bank Address		
Bank City	Bank State	Bank Zip
Phone	Fax	
Contact	Direct Line or Extension	
Checking Account #		
Savings Account #		
Loan Account #		

I give authorization for the release of information requested below

Officer	Title
Officer's Signature	Date

