# **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 L	ine 1				
Company Address L	ine 2 (if needed)				
City		State		Zip	
Telephone #		Fax#			
Contact #1	Name			Extension	
	Department		Email Address		
Contact #2	Name		Extension  Email Address		
	Department				
	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**

Compa	ny Name					
Billing A	Address Line 1					
Billing A	Address Line 2 (if needed)					
City			State			Zip
Accoun	nts Payable Contact		Phone			Extension
Busir	ness Type (select one)	Corpora	tion			
		☐ Partners	ship			
		☐ Other		If "Other" Pleas	se Specify	
Federa	I Identification Number / Social Security Number					
Subsidi	iary / Division Of					
City						
Owner	/ Officer		Title			
Owner	/ Officer		Title			
How long have you been in business?			At this lo	cation?		
TRA	ADE REFERENCES					
1.	Name			Phone		
	Address					
	City	State	Zip		Fax	
2.	Name			Phone		
	Address					
	City	State	Zip		Fax	

Tel:1-877-501-PACK Fax:1-414-290-1173



### **CREDIT TERMS**

Owner / Officer

#### **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.

Title

Date				
<b>BANK INFORMATION AND AUTHO</b>	DRIZATI	ON		
Customer Name				
Customer Address Line 1				
Customer Address Line 2 (if needed)				
City		State	Zip	
Bank Name				
Bank Address				
Pank City		Bank State	Bank Zip	
Bank City		Dalik State	Batik Zip	
Phone		Fax		
Contact		Direct Line or Extension		
Checking Account #				
Savings Account #				
Loan Account #				
I give authorization for the release of information	on regues	ted below		
Officer		Title		
Officer's Signature		Date		



## **BANK MUST COMPLETE THIS PORTION**

Please provide the information below for the company mentioned above. This company has requested credit with Shipping Supply and your experience will be helpful to determine their credit risk. This information will be held in the strictest confidence.

Checking Account #		Savings Account #		
Date Opened		Date Opened		
Current Balance		Current Balance		
Average Balance		Average Balance		
Returned Checks				
Line of Credit Account #		Loan Account #		
Date Opened		Date Opened		
Original Balance		Original Balance		
Current Balance		Current Balance		
Terms		Terms		
Past Due Notices		Past Due Notices		
According to your file, what	☐ Excellent Risk	☐ Fair Risk		
would you rate this account?	☐ Good Risk	☐ Poor Risk		
Comments				
Bank Representative		Title		
Bank Representative's Signature		Date		

**THANK YOU! PLEASE FAX COMPLETED DOCUMENT TO 1-414-290-1173** 

