

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 1-262-547-3441 and we'll call upon approval.



<http://www.shippingsupply.com>

COMPANY CONTACT INFORMATION

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)		

Tel: 1-877-501-PACK
Fax: 1-262-547-3441

customerservice@shippingsupply.com
<http://www.shippingsupply.com>



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

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 would you rate this account?

<input type="checkbox"/> Excellent Risk	<input type="checkbox"/> Fair Risk
<input type="checkbox"/> Good Risk	<input type="checkbox"/> Poor Risk

Comments

Bank Representative	Title
Bank Representative's Signature	Date

THANK YOU! PLEASE FAX COMPLETED DOCUMENT TO 1-262-547-3441

