



## Instructions for completing the following credit application:

1. Please complete all required information before printing.
2. When finished, print out the completed copy and affix your signature.
3. Fax to: *SARA WOREL, CartonCraft Inc. 630.377.1240*
4. We cannot check references without the signature.
5. Typed submissions only – please mail hard copy with live signature for our file.
6. Application is on page 2
7. Application signature(s) is on page 3



**CARTONCRAFT**  
INCORPORATED

**CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Company name:

Main Contact Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Fed ID#:

Sole proprietorship:

Partnership:

Corporation:

Type of Business:

**BUSINESS AND CREDIT INFORMATION**

Dun & Bradstreet Number:

Principal's Name:

Address:

City:

State / Zip Code

Telephone:

Fax:

E-mail:

**Business Bank name:**

Bank Contact:

Bank address:

Phone:

Fax:

City:

State:

ZIP Code:

Acct Information

Account number

Savings

Checking

Line of Credit Amount

**TRADE REFERENCES**

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

**The Applicant's signature(s) below attest financial responsibility, ability, and willingness to pay our invoices in accordance with our terms.**

The above information is for purpose of obtaining credit information only and is warranted to be true. I/We hereby authorize CartonCraft, to whom this application is made, to investigate the references listed above pertaining to my/our credit and financial responsibility only.

SIGNATURES

Name :

Title:

Date:

Signature:

Name :

Title:

Date:

Signature: