

**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: *ALICE LACROIX, 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

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| 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: | | |