

**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: |