



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



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 :
Date:

Title:

Name :
Date:

Title:

Signature:

Signature: