

VC999 Packaging Materials
 419 E. 11th Avenue, Kansas City, MO 64116
 Office: 1-800-728-2999 Fax: 816-472-1999

CONFIDENTIAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Contact Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:		State:	ZIP Code:
Date Business Commenced:		Tax ID No.:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Account Number:		Officer:	

BUSINESS/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

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize *VC999 Packaging Materials* to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

		Title:
		Date: