



CONFIDENTIAL CREDIT APPLICATION

2070 INTEGRITY DRIVE N.
COLUMBUS, OHIO 43209
FAX:1-614-491-4423

LEGAL NAME OF BUSINESS			DATE
ADDRESS			PHONE
CITY	STATE	ZIP	FAX
SHIP TO ADDRESS			SHIP TO PHONE
CITY	STATE	ZIP	COUNTY
DATE ESTABLISHED	TAXED / TAX EXEMPT ----- (IF TAX EXEMPT, PLEASE ATTACH CERTIFICATE)		DUNS #
NATURE OF BUSINESS		TYPE OF BUSINESS (IF INDIVIDUAL-COMplete SECTIONS A&B) ()CORPORATION ()PARTNERSHIP ()INDIVIDUAL	
SECTION A: NAMES OF OWNER OR OFFICER		SECTION B:	
	SOCIAL SECURITY NO.	RESIDENCE ADDRESS	
PRESIDENT			
VICE PRESIDENT			
TREASURER			
PURCHASING CONTACT		CREDIT REQUIREMENTS	\$
ACCOUNTS PAYABLE CONTACT		Preferred Invoice Method	Fax# or Email Address
TO SUPPORT THIS APPLICATION FOR CREDIT, PLEASE ATTACH A CURRENT FINANCIAL STATEMENT			
BANK NAME			PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT
TYPE OF ACCOUNT	ACCOUNT#	LOAN#	()SECURED ()UNSECURED
ACCOUNTING FIRM			PHONE
BUSINESS REFERENCES (SUPPLIERS - DO NOT LIST UTILITIES, FUEL OIL, FINANCIAL INSTITUTIONS OR CREDIT CARDS):			
NAME		ACCT. #	PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT
NAME		ACCT. #	PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT
NAME		ACCT. #	PHONE
ADDRESS			FAX
CITY	STATE	ZIP	CONTACT
THE ABOVE INFORMATION IS BEING SUBMITTED FOR THE PURPOSE OF ALLOWING PACKARD FOREST PRODUCTS INC. TO ASSESS AND/OR CONTINUE TO ASSESS CREDIT ON THE UNDERSIGNED ACCOUNT. THE UNDERSIGNED HEREBY REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN, OR SUBMITTED IN CONNECTION HERewith, IS TRUE AND COMPLETE AS OF THE DATE HEREOF. WE HEREBY AUTHORIZE PACKARD FOREST PRODUCTS INC. TO CONTACT AND INVESTIGATE THE REFERENCES, INCLUDING THE BANKS, LISTED ABOVE AND WE AUTHORIZE THE REFERENCES TO RELEASE INFORMATION. THE UNDERSIGNED HEREBY AGREES TO REMIT PAYMENT WITHIN THE TERMS SPECIFIED ON THE FACE OF THE INVOICE. IF PAYMENT IS NOT RECEIVED WHEN DUE, THE UNDERSIGNED ALSO AGREES TO PAY A MONTHLY SERVICE CHARGE EQUAL TO ONE AND ONE HALF(1 1/2%)PERCENT OR THE MAXIMUM AMOUNT ALLOWABLE UNDER STATE LAW, OF THE UNPAID DELINQUENT BALANCE UNTIL THE ACCOUNT IS PAID IN FULL. IF THE ACCOUNT IS PLACED FOR COLLECTION, THE UNDERSIGNED AGREES TO PAY ALL COSTS AND EXPENSES OF COLLECTION, INCLUDING ATTORNEYS' FEES AND EXPENSES.			
NAME(Please Print)		SIGNATURE OF OWNER/OFFICER/PRESIDENT	TITLE