American Packaging
1515 Alvarado Street
San Leandro, CA 94577
PHONE: (510) 877-9000
FAX: (510) 877-9500

ACCOUNT/CREDIT INFORMATION

FOR OFFICE USE ONLY

Account Number_____
Sales Representative_____
Credit Limit_____

PLEASE COMPLETE ALL INFORMATION AND SIGN

Account Information

BUSINESS NAME	TEL. NO.	FAX. NO.	WEBSITE
DBA OR OTHER BUSINESS NAME USED	YEARS IN BUSINESS	FEDERAL TAX ID #	
BILLING ADDRESS	CITY	STATE	ZIP CODE
SHIPPING ADDRESS	CITY	STATE	ZIP CODE
OWNER'S NAME(S)	BUSINESS IDENTITY: ☐INDIVIDUAL ☐PARTNERSHIP ☐CORPORATION		
CONTROLLER:	PHONE #	E-MAIL ADDRESS:	
ACCOUNTS PAYABLE CONTACT:	PHONE #	E-MAIL ADDRESS:	
PURCHASING MANAGER:	PHONE #	E-MAIL ADDRESS	

HAS THE COMPANY OR ANY OF IT'S PRINCIPALS EVER BEEN BANKRUPT? YES_____ NO _____
IF YES PLEASE EXPLAIN: _____
_____

Trade References

COMPANY	CONTACT	TELEPHONE	FAX
ADDRESS	CITY	STATE	ZIP CODE
COMPANY	CONTACT	TELEPHONE	FAX
ADDRESS	CITY	STATE	ZIP CODE
COMPANY	CONTACT	TELEPHONE	FAX
ADDRESS	CITY	STATE	ZIP CODE

OR ATTACH SEPARATE PAGE AND CHECK HERE ☐

Bank

BANK NAME	BRANCH	TELEPHONE	FAX
ADDRESS	CITY	STATE	ZIP CODE
CHECKING ACCT. NO.	CONTACT		
DO YOU DESIRE TO PAY BY CREDIT CARD? YES ____ NO ____	CREDIT CARD TYPE	CREDIT CARD NUMBER	EXPIRATION DATE
Would you like ACH (Wire Transfer) INFORMATION? YES _____ NO _____			

TERMS AND CONDITIONS

AUTHORIZATION IS HEREBY GIVEN TO AMERICAN PACKAGING COMPANY TO CONTACT THE ABOVE FURNISHED REFERENCES IN ORDER TO MAKE A DETERMINATION ON EXTENDING CREDIT TERMS. I HEREBY ACCEPT SELLER'S TERMS OF NET30 DAYS AND AUTHORIZE A CARRYING CHARGE AT THE MAXIMUM RATE ALLOWED BY LAW TO BE ADDED ON UNPAID BALANCES EXCEEDING THOSE TERMS. UPON DEFAULT OF TERMS AND CONDITIONS, I AGREE TO PAY ANY COLLECTIONS COST INCURRED BY AMERICAN PACKAGING COMPANY IN COLLECTION OF THE AMOUNT BALANCE, INCLUDING REASONABLE ATTORNEY FEES.

BY_____ TITLE_____ DATE_____
AUTHORIZED REPRESENTATIVE — MUST BE SIGNED BY OFFICER/OWNER OF COMPANY

X_____
SIGNATURE