



**CREDIT APPLICATION**

DATE: \_\_\_\_\_

LEGAL ENTITY NAME:		DBA NAME:	
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:	FAX:	FED TAX ID:	
PLEASE SELECT ONE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LLC			
TYPE OF BUSINESS:			DATE EST.
PARENT COMPANY NAME (IF ANY):			
ADDRESS(ES):			D&B #:
PAYMENT PREFERENCE: <input type="checkbox"/> CHECK <input type="checkbox"/> ACH		INVOICING EMAIL:	

ALL INVOICES ARE SENT BY EMAIL FROM [AR@ACCORDCARTON.COM](mailto:AR@ACCORDCARTON.COM)

ACCOUNTS PAYABLE SUPERVISOR NAME:	PRIMARY PHONE:
EMAIL:	
ACCOUNTS PAYABLE:	SECONDARY PHONE:
EMAIL:	

TRADE REFERENCES (PLEASE LIST ALL MAJOR INDUSTRY SUPPLIERS)

REFERENCE NAME 1:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
TELEPHONE:		FAX:	
REFERENCE NAME 2:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
TELEPHONE:		FAX:	
REFERENCE NAME 3:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
TELEPHONE:		FAX:	

BANKING INFORMATION

FINANCIAL INSTITUTE NAME AND CONTACT:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
TELEPHONE:		FAX:	
ACCOUNT NAME:			ACCOUNT #:

**\*PLEASE INCLUDE YOUR W-9 AND RESALE CERTIFICATE WITH APPLICATION SUBMISSION**

CREDIT AMOUNT REQUESTED: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_