



Office / Warehouse:
17730 E. 14 Mile Rd.
Fraser, MI 48026
P: (586) 415-7400
sales@packagingcity.com

Business Credit Application

Packaging City may provide Net 30 Day payment terms to qualified business customers. A completed and signed application is required for consideration. Past due accounts may be placed on credit hold and subject to possible interest & collection penalties. Please complete and return this application.

Business Information:

Business Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company

Business Name: _____ Federal EIN: _____

Phone: _____ Fax: _____ Email Address: _____

Billing Address: _____

Shipping Address: _____

Number of Employees: _____ Years in Business: _____

Tax Status:

☐ Tax All Items ☐ Exempt on Industrial Processing ☐ Exempt on All (include tax-exemption certificate)

Trade References: (or attach premade sheet)

Company: _____

Address: _____

Phone: _____ Fax: _____ Email Address: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email Address: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email Address: _____



Office / Warehouse:
17730 E. 14 Mile Rd.
Fraser, MI 48026
P: (586) 415-7400
sales@packagingcity.com

Business Credit Application

Accounting Contact Information:

Controller / CFO: _____ Phone: _____ Email: _____

Payables Contact: _____ Phone: _____ Email: _____

Preferred Invoicing Method: ☐ Email: _____ ☐ Postal Mail

UPS Account Number (for drop-ship special order products only) : _____

Purchasing Contact Information:

Purchasing Manager: _____

Phone: _____ Email: _____

Authorized Buyer #1: _____

Phone: _____ Email: _____

Authorized Buyer #2: _____

Phone: _____ Email: _____

I authorize Packaging City to obtain credit information.

I/We agree to make all payments within our designated terms with Packaging City. If it becomes necessary to file a lien, suit or engage a collection agency or attorney, I/We agree to bear all expenses incurred (whether or not a suit is filed), including but not limited to attorney fees, court costs and interest, plus default interest at 1.5% per month. I/We agree and acknowledge that the Superior Court of Michigan, and the County of Macomb, is the proper venue and jurisdiction for the litigation of, or performance of, and matters relating to this credit application or the account.

Signature of Officer: _____ Title: _____

Printed Name: _____ Date: _____