



Office / Warehouse:  
44753 Centre Court  
Clinton Twp., MI 48038  
P: (877) 723-3657  
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: \_\_\_\_\_

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Address: \_\_\_\_\_

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### 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: \_\_\_\_\_