



BUSINESS CREDIT APPLICATION

Date _____

Business Name _____
Address _____ City _____ State _____ Zip _____
Owner/Manager _____ Tel.No. _____
How long in business _____ D & B Rated _____

Trade References:

Name _____ Address _____
Fax _____

Name _____ Address _____
Fax _____

Name _____ Address _____
Fax _____

Name _____ Address _____
Fax _____

Bank References:

Name _____ Address _____
Name _____ Address _____
Credit line requested \$ _____

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Signature

Date

The completed form can be sent via:

- The Submit button (works best if you use Outlook or Outlook Express)
- Fax 507-455-2912 (best option if you do not have email)
- Manual Email: Save the form to your computer and manually attach it to an email to donnaayers@foamcraftpackaging.com (best option if you use web based email: gmail, yahoo, etc.)