

Texas Packaging Co., Inc.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:

Billing Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Officers:

Accounts Payable Supervisor:

BUSINESS AND CREDIT INFORMATION

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Customer's Business:

How Long Established:

Bank Name:

Bank Address:

City:

State:

ZIP Code:

Phone:

Fax:

Contact Person:

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account: