

Portland Packaging Co., Inc.

2141 N. WILLIAMS AVENUE PORTLAND, OREGON 97227

TELEPHONE: 503.288.6531 | FAX: 503.249.0076

CONFIDENTIAL CREDIT APPLICATION

Company / Contact Information

Customer Name: _____	Date: _____
DBA: _____	Fed Tax ID: _____
Billing Address: _____	
Shipping Address: _____	
Phone# (): _____	Cell# (): _____
Fax# (): _____	Email: _____
Purchasing Agent: _____	Years in Business: _____
Accounts Payable Contact: _____	A/P Email: _____
A/P Phone# (): _____	A/P Fax# (): _____

Type of Firm

<input type="checkbox"/> Sole Proprietorship Owner/Partner's Name: _____
<input type="checkbox"/> Partnership Partner's Names: _____
<input type="checkbox"/> Incorporated Officers: _____ President
_____ VP _____ Treasurer

Trade Reference

1.)Name: _____ Account #: _____
Phone # (): _____ Fax # (): _____
2.)Name: _____ Account #: _____
Phone # (): _____ Fax # (): _____
3.)Name: _____ Account #: _____
Phone # (): _____ Fax # (): _____

Bank Reference

Name of Primary Bank: _____
Account #: _____ Bank Contact: _____
Phone # (): _____ Fax # (): _____
Address: _____

Credit Guidelines

Do you require purchase orders? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have special shipping requirements?

I/We hereby authorize Portland Packaging Co., Inc. to verify information given above and grant permission to review my/our credit file.

Signature

Date