

Applicants Signature: _

RAPZ Packaging 295 NW Commons Lp. Ste.115--Unit 274 Lake City, FL 32055

CREDIT APPLICATION - PLEASE TYPE OR PRINT

as about a country to a service			
Address:			
Phone #:	Fax #		
Principals/Owners:	Title:		
	Signatur	e:	
Principals/Owners:	Title:		
		e:	
D & B #:	Federal	ID #:	
Type of Organization: Proprietorship	☐ Partnership ☐ Corporation		
How long in business:	How long	g present location:	
Number of employees	Annual c	Annual dollar volume sales	
Is business location □ Owned □ Lea	ased Monthly Rental		
Name of person responsible for accounts	payable:		
Amount of credit needed monthly Tax Exempt: ☐ Yes ☐ No If yes, at			
To enable us to process your credit application fax, make sure to include all fax numbers for resome organizations do not give credit information. Wrong fax numbers, a	references. All fax numbers given must be ation only by mail, or do not give informa	least three trade references. Since we obtair e listed as a business line for the name of tha ation at all, please verify the policy of the ve	nt organization. Since endors you list before
Name:	Phone	Fax	
Address:			
Name:	Phone	Fax	
Address:			
Name:	Phone	Fax	
Address:			
, ida 1000			
Bank Name:	Phone	Fax	

from any credit reporting agency.

Date:

Title:

stated on the invoice. If applicant does not comply with our credit terms we will utilize legal action to collect the debt. If an account is placed in collection, a reasonable collection fee will be attached to the invoice. This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizesrapz packaging to obtain a written or oral credit report