

Sun Coast Packaging
4120 Pipestone Road
Sodus, MI 49126
Tel (269) 925-3700
Fax (269) 925-3720
www.suncoastpkg.com



United Bags, Inc.
1355 N Warson Rd
St. Louis, MO 63132
Tel (314) 421-3700
Fax (314) 421-0969
www.unitedbags.com

CONFIDENTIAL CREDIT APPLICATION

Legal Name: _____ Fed ID#: _____

Billing Address: _____ Email: _____

_____ Website: _____

Phone: _____ Fax: _____

Credit Limit Requested: _____ Terms Requested: _____

Estimated Monthly Sales Volume: _____

SHIP TO NAME: _____ Ship to Contact: _____

Shipping Address: _____ Phone: _____

_____ Email: _____

Type of Organization: _____ Corporation _____ Partnership _____ Sole Proprietorship

Date Established: _____ Resale #: _____ DUNS #: _____

Owner/President: _____ Sales Contact: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Invoice Receipt Preference: E-Mail, Print or Mail Mobile Phone: _____

Warehouse Contact: _____ Accounts Payable: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Bank Name: _____ Telephone: _____

Bank Account Number: _____ Contact Person: _____

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SUPPLIER CREDIT REFERENCES (List only those you have bought from within the last year)

Please note: This application is for terms of net 30 days. If you are requesting terms other than net 30, please consult with your sales representative.

NAME:	NAME
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE & ZIP	STATE & ZIP
PHONE:	PHONE
FAX:	FAX:
EMAIL:	EMAIL:
CONTACT PERSON:	CONTACT PERSON
ACCOUNT #:	ACCOUNT #
NAME:	NAME
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE & ZIP	STATE & ZIP
PHONE:	PHONE
FAX:	FAX:
EMAIL:	EMAIL:
CONTACT PERSON:	CONTACT PERSON
ACCOUNT #:	ACCOUNT #

SIGNED BY: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

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Please submit a completed W-9 and a current sales tax exempt form.

For Internal Use Only

UBI/SunCoast Customer #: _____

UBI Account Manager: _____

Approved Terms: _____

Approved Credit Limit: _____

SOS Good Standing: _____

Outstanding Court Cases: _____

W-9

Sales Tax Exempt Form: Y / N State Issued _____

Approved By: _____

Approved Date: _____

Comments: _____
