



CONFIDENTIAL CREDIT APPLICATION

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

Return completed application to your Account Manager or submit to receivables@unitedbags.com.

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 & Mail

Mobile Phone: _____

Warehouse Contact: _____

Accounts Payable: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Bank Name: _____

Contact Person _____

Bank Account Number: _____

Email: _____ Phone: _____



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

SIGNED BY: _____ TITLE: _____

PRINT NAME: _____ DATE: _____