



PackSpec Since 1963
 Packaging Specialties, Inc.

CREDIT APPLICATION

DATE _____

COMPANY NAME: _____ PHONE# _____

ADDRESS: _____ FAX# _____

CITY _____ ST _____ ZIP _____ - _____

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**SHIP TO ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

CROSS STREETS \_\_\_\_\_ RECEIVING HOURS \_\_\_\_\_

RECEIVING DOCK : YES / NO FORK LIFT: YES/ NO SPECIAL PALLETIZING? \_\_\_\_\_

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 BANK REFERENCE: _____ ACCOUNT# _____

PHONE# _____ CONTACT _____

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 YEARS IN BUSINESS \_\_\_\_\_ PURCHASING AGENT \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

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TRADE REFERENCES:

1. Name _____ Phone# _____

Address _____ City _____ ST _____

Zip _____ FAX# _____ Contact _____

2. Name _____ Phone# _____

Address _____ City _____ ST _____

Zip _____ FAX# _____ Contact _____

3. Name _____ Phone# _____

Address _____ City _____ ST _____

Zip _____ FAX# _____ Contact _____