

CREDIT APPLICATION

Please complete this form and email it to us at: accounting@inpaksystems.com or fax it to us at: 1-608-221-4473 or mail it to us at: INPAK SYSTEMS, PO Box 8663, Madison, WI 53708-8663

COMPANY NAME: _____

BILL TO:

ADDRESS: _____

CITY, ST: _____ ZIP: _____

WEBSITE: _____ DUNS #: _____

PHONE: _____ FAX: _____

ACCOUNTING EMAIL FOR INVOICING: _____

SHIP TO: (if different)

ADDRESS: _____

CITY, ST: _____ ZIP: _____

PHONE: _____ FAX: _____

IF TAX EXEMPT, PLEASE FURNISH SIGNED CERTIFICATE OF EXEMPTION

LIST COMPANY PRINCIPALS AND THEIR TITLES

NAME:

TITLE:

BANK REFERENCE: _____

ADDRESS: _____ PHONE: _____

CITY, ST: _____ ZIP: _____

TRADE REFERENCES

COMPANY

CITY/ST

PHONE #

FAX #

SIGNATURE: _____ DATE: ____/____/____

TITLE: _____

WHO ARE YOU WORKING WITH?