



CREDIT APPLICATION

COMPANY NAME: _____

Legal Name _____	Date Completed _____
Billing Address _____	Phone # _____
City, State, Zip _____	Fax # _____
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Proprietorship	
If a subsidiary or Division (Name of Parent Company) _____	Line of Business _____
Principals Name and Title _____	# Years in Business _____

STATUS: _____

CREDIT REFERENCES

Name _____	Account Number _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____
Name _____	Account Number _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____
Name _____	Account Number _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____

SALES REP _____

BANK INFORMATION

Bank Name _____	Account Number (required) _____
Mailing Address _____	Phone Number _____
City, State, Zip _____	Fax Number _____

The undersigned hereby authorizes InfeKta Packaging International and its representatives to inquire and receive information about the undersigned's accounts from any and all of the bank and trade references provided. The undersigned acknowledges that credit terms will only be granted only after InfeKta has completed a satisfactory credit investigation. InfeKta Packaging International reserves all rights to rescind credit or change terms at any time. The undersigned also acknowledges and accepts the payment terms and conditions of sale listed below:

- Standard terms of sale for credit approved customers are Net 30 Days from Invoice Date.
- Terms are not extended to freight invoices. They are due upon receipt
- Collection costs and attorney's fees incurred in connection with any delinquent amount are the responsibility of the undersigned.
- A 1.5% monthly service charge will be applied to all past due accounts.
- Any payment not made within terms may result in the denial of future credit and orders may not be accepted or shipped if the account is past due.
- Payment will be accepted in the form of a company check which includes the company name on the face of the check and must be made payable in U.S. Funds. US Currency, Mastercard, Visa, American Express are also accepted forms of payment.
- Returned checks will be assessed a \$30.00 handling fee for each occurrence.
- Direct shipment orders from our manufacturer may be shipped with a +/- quantity variance of up to 10%
- InfeKta does not accept short pays or deductions without prior approval.
- Minimum order amount is \$175.00
- Returns will only be accepted if a Return Authorization number is given in advance by InfeKta Packaging International and must be clearly noted on all paperwork.
- Quoted prices are current but subject to change without notice.
- Shipping is FOB Plant - Net 30 Days.

Signature: _____ **Date:** _____
Print Name: _____ **Title:** _____