

Application for Credit

Customer Information

Bill To:	_____	Ship To:	_____
Address:	_____	Address:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State:	_____ Zip: _____	State:	_____ Zip: _____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____

We would like to receive Original Invoices by E-mail

Accounts Payable E-mail Address:

Accounts Payable Contact: _____ E-Mail _____

Accounting Contact: _____ E-Mail _____

A sales tax exemption certificate must be on file with our company to eliminate a sales tax charge.

Credit History:

Dun & Bradstreet #: _____

Trade Reference (a minimum of 2 raw material or product suppliers):

Name:	_____	Name:	_____
Address:	_____	Address:	_____
City, State:	_____	City, State:	_____
Phone:	_____	Phone:	_____
Email:	_____	Go ckr	_____

Terms and Conditions:

- 1.) Container Graphics Corporation's (CGC's) standard terms of payment are Net 30 Days.
- 2.) CGC has the right to obtain credit history from their credit reporting provider - Dun & Bradstreet
- 3.) Customer agrees to pay applicable tax in addition to the amount of each invoice; and at the same time the invoice becomes due and payable. Sales Tax Exempt certificate must be on file to eliminate sales tax.
- 4.) CGC reserves the right to revoke any credit extended to a customer because of failure to pay for goods due; or for any reason deemed good and sufficient by CGC.
- 5.) Minimum charge of \$50 will be imposed in the event of the customer's check being returned to CGC by the customer's bank.
- 6.) Customer agrees to pay any collection costs incurred to collect the account balance including court costs, collection fees and attorney fees of not less than 33% of the unpaid balance.

The above information is provided for the purpose of extending credit to our company at your terms of Net 30 Days.
To the best of our knowledge and belief, the information supplied is accurate and may be relied upon in making a credit decision.
We authorize contacts and trade references supplied to furnish you any information necessary.

Printed Name: _____

Signature: _____ Title: _____ Date: _____

ATTACH COPY OF INITIAL PURCHASE ORDER, if at all possible, TO CONFIRM INVOICING ADDRESS AND PAYMENT TERMS

Office Use Only

State Code	_____
City Code	_____
County Code	_____
Sales Tax %	_____
Acct Number	_____
Plant	_____
Sales Terr	_____
Credit Limit	_____
Approval: _____	

