

**SWEET PACKAGING**  
**3000 QUIGLEY RD. SUITE 5, CLEVELAND, OHIO 44113-5497**  
**PHONE: 800-486-0444 FAX: 800-229-0446**

**CREDIT APPLICATION**

DATE BUSINESS STARTED: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OFFICERS: CHIEF EXECUTIVE OFFICER: \_\_\_\_\_

ACCOUNTS PAYABLE SUPERVISOR: \_\_\_\_\_

**CREDIT REFERENCES:** PLEASE LIST ONE BANK AND FOUR SUPPLIERS:

1. BANK ACCT.# \_\_\_\_\_

BANK: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. NAME: \_\_\_\_\_

5. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE AND ARE MADE FOR THE PURPOSE OF GAINING CREDIT. I GRANT PERMISSION TO CONTACT THE CREDIT REFERENCES LISTED ABOVE AND ALSO ACKNOWLEDGE THAT SELLING TERMS ARE NET 30 DAYS. PAST DUE ACCOUNTS ARE SUBJECT TO A LATE CHARGE OF 1.5% PER MONTH.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

FOR SWEET PACKAGING USE ONLY:

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
DATE