PACKAGING VALIDATORS

755 W. Carmel Drive, Suite 206
Carmel, IN 46032
www.validatorsllc.com

Credit Application

Please complete and return to Packaging Validators LLC in order for us to set up an account. By signing below, you acknowledge that late payments are subject to a $100 late fee and a 16% annual percentage rate (APR) or 1.33% per month.

Customer Information:

Business Name: _____

Street: _____

City, State, Zip: _____

Phone #: _____ Primary Contact cell #:_____

Co. Web Page: _____Co. email address: _____

Accounts Payable Contact: _____ Back-up Contact: _____

A/P Phone #: _____ A/P Email: _____

Fed ID#: _____Tax Exempt? _____(if yes, please provide exemption doc)

Shipping Preference_____ Freight Carrier Account Number _____

Bank References:

Bank Name:_____
Address:_____
City, State, Zip:_____
Phone #:_____Fax#:_____
Contact:_____Acct#: _____

Trade References:

Company Name: _____
Address: _____
City, State, Zip: _____
Phone #:_____Fax#: _____
Contact:_____Acct#: _____
Company Name:_____
Address:_____
City, State, Zip:_____
Phone#:_____Fax#:_____
Contact:_____Acct#: _____
Company Name: _____
Address:_____
City, State, Zip:_____
Phone#:_____ Fax#_____
Contact:_____Acct#:_____

I hereby certify that information provided on this document is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for, in order to verify the information provided within this credit application.

Authorized Customer Signature: _____
Printed Name: _____Title: _____
Date: _____