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Champlin, MN 55316  
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Fax: 763.404.8910  
www.rapidpackaging.com

## COMMERCIAL CREDIT APPLICATION

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address if moved in last 5 years \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Amount of credit requested \_\_\_\_\_ Referred by \_\_\_\_\_ In business since: \_\_\_\_\_

Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Web Address \_\_\_\_\_

Name of Owners / Corporate Officers \_\_\_\_\_ DUNS Number \_\_\_\_\_

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

### References

|                      |         |       |           |
|----------------------|---------|-------|-----------|
| <b>COMPANY NAME:</b> | Phone # | Fax # | Account # |
| Street Address       | City    | State | Zip       |
| <b>COMPANY NAME:</b> | Phone # | Fax # | Account # |
| Street Address       | City    | State | Zip       |
| <b>COMPANY NAME:</b> | Phone # | Fax # | Account # |
| Street Address       | City    | State | Zip       |

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

The applicant hereby authorizes their suppliers and bank to release information regarding their account(s) to Rapid Packaging, Inc. This information will be held in the strictest of confidence and used solely to establish and maintain an open line of credit with Rapid Packaging, Inc. I hereby understand terms with Rapid Packaging will be set at Net 10. If open invoices are not paid within 60 days, the applicant will be responsible for finance charges of 1.5% per month, annual percentage rate of 18%. Equipment, custom orders, large orders and orders with long lead times will require down payment. Credit card payments are accepted at time of shipment and will be subject to a 3% fee.

Signature of Company Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_