



CREDIT APPLICATION

Please fax to 866-406-7177 or email to accounting@stockpkg.com include Resale Certificate if applicable.
On average, applications can take 7-10 business days to process.
Any sections not completed may delay processing of this application.

Date: _____ Credit Requested: _____ StockPKG Sales Rep: _____

Legal Name _____

Trade Name if Any _____

Address _____

Business Phone _____ Business Fax _____

Type of Business: Corporation _____ Partnership _____ Individual Business _____ Other _____

DUNS # _____ TaxID # _____

Resale # if applicable _____

A/P Contact Name and Email _____

PRINCIPALS OR OWNERS:

1) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

2) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

BANK REFERENCES

Name _____ Account Number _____

Address _____ FaxNumber _____

Name _____ Account Number _____

Address _____ Fax or Phone Number _____

TRADE REFERENCES

1) Supplier Name: _____ Phone #: _____ Fax or Email: _____

2) Supplier Name: _____ Phone #: _____ Fax or Email: _____

3) Supplier Name: _____ Phone #: _____ Fax or Email: _____

November 2017



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Please fax to 866-406-7177 or email to accounting@stockpkg.com include Resale Certificate if applicable.

CompanyName: _____

We certify that the above information is true and correct. We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. The person signing this application attests to have the authority to agree to the terms and conditions of our credit policies.

Signed _____ Position _____

Signed _____ Position _____