



# Advanced Poly-Packaging, Inc.

1331 Emmitt Road • Akron, OH 44306 • 1-800-754-4403 • fax 330-785-4010 • www.advancedpoly.com

**CREDIT APPLICATION (Please email form to AR@advancedpoly.com)**

Corporate name: \_\_\_\_\_

Bill Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

D & B Number: \_\_\_\_\_

Name of Principle Officers: \_\_\_\_\_

Accounts Payable Contact / Phone: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Name/Reference: \_\_\_\_\_ Bank Phone Number: ( ) \_\_\_\_\_

Bank Fax Number: ( ) \_\_\_\_\_

**Commercial/Trade Credit References:**

NAME	ADDRESS	EMAIL	PHONE	FAX
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____

Credit Limit Requested: \$ \_\_\_\_\_

Estimated Annual Purchases: \$ \_\_\_\_\_

Credit Terms Requested: Net 30 Days / Other: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you for your order! We look forward to becoming a valuable supplier to your company.

**For APPI Use:**

Credit Limit Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Terms: \_\_\_\_\_ Date: \_\_\_\_\_