

THE PLATINUM PACKAGING GROUP

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT				
BUSINESS CONTACT INFORMATION				
Company name:		Tax ID:		DB#:
Contact:		Location of equipment:		
Phone:	Fax:	E-mail:		
Registered company address:				
City:		State:	ZIP Code:	
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:	State:	Other:
OWNERS AND CREDIT INFORMATION				
Name:	Title:	%ownership:	SS#:	
Address	City:	State:	ZIP	Phone:
Name:	Title:	%ownership:	SS#:	
Address	City	State:	Zip:	Phone:
Bank name:		Contact:		
Bank address:		Phone:		
City:		State:	ZIP Code:	
Type of account	Account number			
Savings				
Checking				
Other				
BUSINESS/TRADE REFERENCES				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
AGREEMENT				
By submitting this application, you authorize The Platinum Packaging Group to make inquiries into the banking and business/trade references that you have supplied. I hereby certify that all information supplied here as well as supporting financials and supporting documentation to be true and correct.				
SIGNATURES				
X.				
Title:		Title:		
Date:		Date:		