



P.O. Box 360486, Brooklyn, NY 11236 • Tel: 1-866-544-BAGS • Fax: 718-498-5531

CREDIT APPLICATION

Please complete this application in its entirety. Missing information will delay its processing.

APPLICANT: BUSINESS OR CORPORATE NAME			CORP. FED ID#		STATE OF INCORPORATION
BUSINESS STREET ADDRESS			BILLING STREET OR P.O. BOX		
CITY	STATE	ZIP	CITY	STATE	ZIP
BUSINESS TELEPHONE NO.		YEAR BUSINESS ESTABLISHED	NUMBER EMPLOYEES	FAX NO.	
WE ARE ENGAGED IN THE BUSINESS OF		ESTIMATE OF MONTHLY PURCHASE FROM US		TYPE OF BUSINESS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION	

BANK REFERENCES

BANK NAME	ACCOUNT NO.	PHONE
ADDRESS	ZIP CODE	PERSON TO CONTACT
BANK NAME (CHECKING)	ACCOUNT NO.	PHONE
ADDRESS	ZIP CODE	PERSON TO CONTACT

BUSINESS REFERENCES

NAME	PHONE
ADDRESS	ZIP CODE
PERSON TO CONTACT	
NAME	PHONE
ADDRESS	ZIP CODE
PERSON TO CONTACT	
NAME	PHONE
ADDRESS	ZIP CODE
PERSON TO CONTACT	
NAME	PHONE
ADDRESS	ZIP CODE
PERSON TO CONTACT	

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself:

I have read the terms and conditions stated above and agree to all of those terms and conditions:

Name of Company: _____

Authorized Signature: _____

Title: _____

Printed Name: _____

Date: _____

Personal Guarantee:

For good and valuable consideration the undersigned (jointly and individually) agree to be personally liable for all indebtedness incurred by the above list corporation or business entity. The undersigned (jointly and individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collections agency, the undersigned (jointly and individually) agrees to pay an additional 26% collection charge on the entire unpaid balance.

Signed: _____

Date: _____