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 Champlin, MN 55316
 888-237--4224
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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 _____
 Type of business: _____ In business since: _____
 Sole Owner _____ Partnership _____ Corporation _____ Web Address _____
 Name of Owners / Corporate Officers _____ DUNS Number _____
 1. _____ Phone _____
 2. _____ Phone _____

References

COMPANY NAME:	Phone #	Fax #	Account #
Street Address	City	State	Zip
COMPANY NAME:	Phone #	Fax #	Account #
Street Address	City	State	Zip
COMPANY NAME:	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%.

 Signature of Company Officer Title Date

Sales Rep _____