



CREDIT APPLICATION

Innovative Solutions • Better Design • Better Packaging

Company or Individual: _____

Buyer Contact: _____ Telephone: _____

A/P Contact: _____ Telephone: _____

Address: _____ City: _____

ST: _____ Zip _____ Fed Tax ID# or SS# (if applicable): _____

Business Annual Revenue <\$250,000 \$250,000 - \$500,000 \$500,000 - \$1M > \$1M

Legal Entity Type: Corp Sole Proprietorship Partnership LLC LLP S-Corp Non-Profit Govt.

Date of Incorporation: _____ State of Incorporation: _____ # of Employees _____

Owner/Guarantor Name: _____ SS#: _____ DOB: _____

Percent Ownership: _____ Home Phone#: _____

Address: _____ City#: _____ ST: _____ Zip: _____

2nd Owner/Guarantor Name: _____ SS#: _____ DOB: _____

Percent Ownership: _____ Home Phone#: _____

Address: _____ City#: _____ ST: _____ Zip: _____

CREDIT REFERENCES

Supplier: _____

Contact: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Comments: _____

Supplier: _____

Contact: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Comments: _____

Supplier: _____

Contact: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Comments: _____

Disclaimer: By submitting this application, you authorize EastCoast Packaging Corp. to make inquiries into the business/trade references that you have supplied as well run a personal credit report for guarantors if applicable. Please be advised that Credit will be determined upon completion of application, and terms if applicable will be determined after EastCoast Packaging Corp contacts the provided references.

Please fax completed credit application to (252) 966-2080.

Authorized Signature

Print Name

Date