



Credit Application

P.O. Box 2135 Sugarland, TX 77487 T:281-844-8838 F:832-240-1130 E:Sales@uspolypack.com

Company Name:				Credit Line Requested:			
Telephone:		Fax:		Email Address:			
Billing Address				Shipping Address			
Street:				Street:			
City:		State:	Zip:	City:		State:	Zip:
Business Since:		Business Type:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
Full Name of Officers, Owners or Partners							
CEO Name:				Officer Name:			
Federal Tax ID:				Date of Incorporation:			
State of Incorporation:				Dun & Bradstreet # (if applicable):			
Sales Tax Exempt Certificate:				State of Certificate(s):			
Business References							
Name				Email Address			
Fax				Telephone			
Name				Email Address			
Fax				Telephone			
Name				Email Address			
Fax				Telephone			
Name				Email Address			
Fax				Telephone			
Bank Reference							
Name				Account #			
Address							
Fax				Telephone			
Contact							



save time save money

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Sales Tax Permit Information

Customer Name: _____

Customer Address: _____

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed resale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for resale.

I HEREBY CERTIFY: That I hold valid seller's permit # _____

Issued pursuant to the Sales and Use Tax Law: That I am engaged in the business of selling _____

That the tangible personal property described herein which I shall purchase from US Poly Pack will be resold by me in the form of tangible personal property: provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased:

Applicant agrees to promptly inform the Company if it no longer is exempt from sales and use tax.

Signature _____

Date _____

Name (printed) _____

Title _____

Acceptance and Authorization

Applicant accepts and agrees that all orders it places with US Poly Pack, Inc. and all sales of products pursuant to such orders shall be subject to US Poly Pack, Inc.'s applicable Standard Conditions of Sale in effect at the time of receipt of Applicant's order. Applicant also agrees that any additional or different terms or conditions set forth in its order or in any other communication from Applicant shall not be effective or binding unless specifically agreed to in writing by an authorized representative of US Poly Pack.

US Poly Pack Standard Conditions of Sale can be found at: http://www.uspolypack.com/Terms-and-Conditions_ep_2-1.html

- Information submitted in this application will be treated discretely by US Poly Pack
- US Poly Pack may contact any person or business outlined in this application for the purpose of verifying the information submitted. By signing this document I do hereby authorize any such person or business referenced herein to release any information via telephone, FAX, or mail that that US Poly Pack may require.
- Applicant's signature attests to financial responsibility, ability and willingness to pay our invoices in accordance with the agreed-upon terms.

Signature _____

Date _____

Name (printed) _____

Title _____



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Bank Authorization to Release Credit Information to US Poly Pack

To: _____ (Bank Name) Re: _____ (Company Name)

Address: _____ Address: _____

Email Address: _____ Email Address: _____

Bank Fax#: _____ Bank Phone #: _____

Checking Account #: _____ Loan #: _____

Bank Contact: _____

Our Company, _____, hereby authorizes our bank to release credit information on our accounts to **US Poly Pack** We are presently in the process of establishing credit with them. To expedite our credit application, please provide below all necessary information and fax back to:

US Poly Pack
Fax#: (832) 240-1130
Attn: Credit Department

Authorized Signature: _____

Name and Title: _____

Date: _____

For Bank Use Only:

Checking #: _____ Rating: _____ Opening Date: _____

Average Balance: _____ Current Balance: _____

Loan #: _____ Loan Balance: _____ Loan Date: _____

Name and Title of Person Providing Information: _____