



APPLICATION FOR OPEN ACCOUNT ON BALANCES OVER \$1,000

ISSUED TO: ASSOCIATED BAG COMPANY

TO EXPEDITE YOUR APPLICATION, FAX COMPLETED FORM AND APPLICABLE EXEMPTION OR RESALE CERTIFICATE TO: 800-926-4610.

TO QUALIFY FOR AN OPEN ACCOUNT ON BALANCES OVER \$1,000, YOU MUST PROVIDE ONE BANK REFERENCE AND THREE COMPANY REFERENCES THAT YOU CONDUCT BUSINESS WITH ON AN OPEN ACCOUNT BASIS. PLEASE INCLUDE COMPLETE ADDRESSES AND PHONE & FAX NUMBERS BELOW.

IF YOU ARE LOCATED IN THE STATES OF CALIFORNIA, ILLINOIS, MINNESOTA, NEVADA, PENNSYLVANIA, TEXAS, OR WISCONSIN; AND YOU ARE TAX EXEMPT OR PURCHASING FOR RESALE, PLEASE BE SURE TO INCLUDE A COPY OF YOUR EXEMPTION OR RESALE CERTIFICATE.

APPLICANT	BILLING ADDRESS (if different)
COMPANY _____	_____
ADDRESS _____	_____
CITY/STATE/ZIP _____	_____
PHONE/FAX _____	_____

PARENT COMPANY IF DIVISION OR SUBSIDIARY
NAME _____
CITY/STATE/ZIP _____

FORMER BUSINESS	LOCATION	NATURE OF BUSINESS	SIC CODE
TYPE OF ACCOUNT		TYPE OF BUSINESS _____	
<input type="checkbox"/> CORPORATION FED. TAX NO. _____		YEARS IN BUSINESS _____	
<input type="checkbox"/> INDIVIDUALLY OWNED BUSINESS		ESTIMATED ANNUAL SALES \$ _____	
<input type="checkbox"/> PARTNERSHIP		ESTIMATED CREDIT REQUIRED \$ _____	

PLEASE GIVE FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER) OF CORPORATION. PLEASE LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUALS: _____
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REFERENCES	
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
PHONE/FAX _____	PHONE/FAX _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
PHONE/FAX _____	PHONE/FAX _____

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT I FULLY UNDERSTAND CREDIT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE. I AGREE TO PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I HEREBY AUTHORIZE ASSOCIATED BAG COMPANY TO INVESTIGATE THE REFERENCES LISTED ABOVE PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

COMPANY NAME _____ DATE _____

BY _____ TITLE _____