

APPLICATION FOR OPEN ACCOUNT ON BALANCES OVER \$1,000
ISSUED TO: ASSOCIATED BAG

To qualify for an open account on balances over \$1000, you must provide four company references that you conduct business with on an open account basis. Tax exempt? Please email your tax exemption certificate along with this credit application form to **creditdepartment@associatedbag.com** or call our Credit Department at **800-926-4613**.

APPLICANT COMPANY _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____	BILLING ADDRESS (if different) _____ _____ _____ _____
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PARENT COMPANY IF DIVISION OR SUBSIDIARY NAME _____ CITY/STATE/ZIP _____

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

Please give full name of owner or owners (or an authorized officer) of corporation. Please list home address and zip code for partnership or individuals:

REFERENCES

COMPANY _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____	COMPANY _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____
COMPANY _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____	COMPANY _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____

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 to investigate the references listed above pertaining to my/our credit and financial responsibility.

COMPANY NAME _____ DATE _____

BY _____ TITLE _____