

United Packaging Products, Inc.

854 Fairway Dr. Bensenville, IL 60106
Phone: (630) 860-7350 Fax: (630) 860-7352
Bertha@UnitedPackages.com



Credit Application

Date: _____

Customer or Company Name: _____ Purchasing Email: _____

Mailing Address: _____ A/P Email: _____

Street Address: _____

City & State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Kind of Business: _____

Circle One: Corporation LLC Partnership Sole-Proprietor

Does the company rent or own the property from which it conducts its business:

Circle One: Rent Own

The Principal Owner(s) and Officer(s) Are:

Name	Soc. Sec #	Title	Residence Address	Phone

Primary Bank: _____ Account Number(s): _____

Credit References: _____ Address/Phone: _____

Terms:

In consideration of the extension of credit by **United Packaging Products, Inc.**, the undersigned purchaser(s) and guarantors hereby certify that the information contained herein is complete and accurate. The undersigned purchaser(s) and guarantors further agree that the terms and conditions of all sales are as follows:

1. Invoices not paid within 30 days of receipt are past due and subject to service charge of 1.5 % per month.
2. In the event that this account is in default the undersigned agree to pay all costs of collection including without limitation reasonable attorney's fees, principal indebtedness and interest thereon.
3. The undersigned Guarantor agrees that by execution hereof he/she is personally liable, jointly and severally with the principal for the payment of all indebtedness or liabilities incurred pursuant to this agreement.

I/We authorize the financial institutions listed above and any government agency, be it federal, state, or county to furnish information to **United Packaging Products, Inc.**

NOTICE: DO NOT SIGN AGREEMENT UNTIL YOU HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS THEREOF.

CORPORATE OFFICERS MUST ALSO SIGN AS INDIVIDUAL GUARANTORS

Corporation Name: _____

By: _____
President

By: _____
Secretary- Treasurer

AUTHORIZED SIGNATURES FOR PURCHASE ON ACCOUNT:

Seller/Manager _____

Recommended _____

By: _____

Owners/Officers/Guarantors Sign Here

Individual Guarantor: _____

Individual Guarantor: _____

OFFICE USE:

DATE RECEIVED: _____ DATE APPROVED: _____

CL \$: _____ CM APPROVAL: _____