

WINANS-MCSHANE PAPER AND PACKAGING

PO BOX 220

MILLTOWN, NJ 08850

PHONE (732) 254-3100

FAX (732) 390-9716

Credit Application

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of as printed on the reverse side.

Company name

DBA (if different)

Contact person

Billing Address

City

State

Zip

Phone

Fax

Federal tax ID or Social Security number.

***PLEASE ATTACH CERTIFICATE**

Type of business

No. of employees

Date business established

How long at this address?

Are you registered with Dun & Bradstreet?

Rating?

Are you a:

Sole Proprietorship _____ **Partnership** _____ **Corporation** _____

Names, titles, and addresses of your two key officers:

Name and address of your resident agent:

TRADE REFERENCES (3 REQUIRED)

Reference #1

Name

Address

Phone

Fax

Reference #2

Name

Address

Phone

Fax

Reference #3

Name

Address

Phone

Fax

BANK REFERENCES

Bank #1

Account #

Type of Account

Phone

Fax

Contact person

Name of bank

Branch Location

Address

How long dealing with this bank?

Authorized signature:

Printed Name:

Title:

Date:

OVER

SHIPPING INFORMATION

Ship-To Name: _____

Ship-To Address 1: _____

Ship-To Address 2: _____

Ship-To City: _____ **State:** _____ **Zip Code:** _____

Ship-To Contact: _____ **Ship-To Telephone Number:** _____

Ship-To Receiving Hours: _____

Ship-To Special Delivery Instructions: _____

If product(s) unavailable at time of delivery, will you accept backorders? _____

Office Use Only:

Tax Jurisdiction: _____ **Route Number:** _____ **Market Segment ID:** _____

Ship-To Number: _____ **Tax Jurisdiction:** _____ **Route Number:** _____

Account Number: _____ **Sales Rep:** _____

Approved By: _____ **Comments:** _____

Credit Limit: _____

Date Account Opened: _____

Entered By: _____