

# APPLICATION FOR CREDIT

**BY**

NAME OF FIRM OR INDIVIDUAL _____				
ADDRESS _____			YEARS AT THIS ADDRESS _____	
CITY _____	STATE _____	ZIP _____	AREA CODE _____	PHONE _____

HEREBY applies for credit in accordance with the terms and conditions of:

**TO**



**Johnson Packings  
& Industrial Products, Inc.**  
21 Deer Park Drive / P.O. Box 545  
East Longmeadow, MA 01028

**Credit Manager:** Deborah Shea  
**Credit Terms:** Net 30 days

**Fax:** 413-525-5520  
**Phone:** 800-356-0061  
**Local:** 413-525-5555

**TAXES**

**ARE YOU SALES AND/OR USE TAX EXEMPT? YES \_\_\_ OR NO \_\_\_**

*\* IF YES, PLEASE SEND STATE OR MULTI EXEMPTION CERTIFICATE.*

**The following information must be provided. It will be held in the strictest confidence.**

**OWNERSHIP**

Corporation   
  Check here if incorporated within the past 12 months   
  Partnership   
  Individual

1.	NAME OF PRINCIPAL(S) _____	COMPLETE ADDRESS _____	ZIP _____	PHONE _____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**FINANCE**

BANK _____	BANK ADDRESS _____
BANK OFFICER OR DEPARTMENT _____	PHONE _____

**REFERENCES**

1.	BUSINESS NAME _____	COMPLETE ADDRESS _____	ZIP _____	PHONE _____	FAX _____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Check here if cash or Credit Card sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_

(Title) \_\_\_\_\_