



HEADQUARTERS
 21 DEER PARK DRIVE - P.O. BOX 545
 EAST LONGMEADOW, MA 01028
 413-525-5555 • FAX 413-525-5520

BRANCH OFFICE
 1185 HAMMOND STREET, UNIT 4
 BANGOR, ME 04401
 207-262-7110 • FAX 207-262-7118

WWW.JOHNSONPACKINGS.COM
INFO@JOHNSONPACKINGS.COM

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			
Are you Sales and/or Use Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please send State or Multi-Exemption Certificate)			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. You agree to pay all invoices within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Johnson Packings & Industrial Products, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: