



GREAT AMERICAN PACKAGING

Custom manufacturer of Poly Bags & Film

CREDIT APPLICATION

DATE: _____

CREDIT LIMIT REQUESTED _____

COMPANY NAME _____ PHONE NO: _____
(FULL LEGAL NAME)

dba _____ FAX NO: _____

ADDRESS _____ OWNER/PRESIDENT _____

ZIP _____ PARENT COMPANY _____

P.O. BOX _____ CITY _____ ZIP _____ STATE TAX ID# _____

HOW TO RECEIVE INVOICE E-mail ☐ US Mail ☐ E-MAIL ADDRESS FOR INVOICE _____

TYPE OF BUSINESS _____ PRIMARY PRODUCTS _____
(MFG, WHSLE, DIST, RETAIL)

ACCOUNTS PAYABLE CONTACT _____ Email: _____ Phone: _____

YEAR BUSINESS COMMENCED _____ INCORPORATED _____

BANK REFERENCE _____ ACCOUNT NO _____

ADDRESS _____ PHONE _____

FAX _____

LIST OF SUPPLIER REFERENCES: ADDRESS BANK CONTACT _____

1. _____

PHONE _____ FAX # _____

2. _____

PHONE _____ FAX # _____

3. _____

PHONE _____ FAX # _____

S	H
T	P
B	L
S	H
T	P
B	L
S	H
T	P
B	L

OFFICE USE:

RECD _____ DUE DATE _____
TER _____ AMOUNT _____

APPROVAL _____ DATE _____

CR LIMIT _____

CUST # _____ S/O# _____

THE SIGNATURE BELOW AUTHORIZES THE RELEASE OF CREDIT INFORMATION FROM THE BANK AND TRADE REFERENCES. THE SIGNATURE MUST BE THE ORIGINAL SIGNER ON YOUR ACCOUNT.

PAST DUE ACCOUNTS ARE SUBJECT TO SERVICE CHARGES OF 1 1/2% PER MONTH ON 1ST \$1,000.00 AND 1% PER MONTH ON EXCESS (18% & 12% EQUIVALENT YEARLY RATES). PURCHASER AGREES TO PAY ALL LEGAL AND COURT COSTS IF THE ACCOUNT REQUIRES COLLECTION COSTS.

DATE: _____ SIGNATURE: _____

Great American Packaging, LLC

4361 S. Soto Street, Vernon CA 90058 | Ph 323.582.2247 | Fx 323.587.1768 | www.greatampack.com



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*DUE TO THE TIGHTENING OF REGULATIONS IN THE DIVULGING OF CREDIT
INFORMATION; BANKS ARE NOW REQUIRING WRITTEN AUTHORIZATION FROM
THEIR DEPOSITOR FOR RELEASE OF ANY INFORMATION IN REGARDS TO THEIR
ACCOUNT.*

*WHEN YOU RETURN YOUR COMPLETED CREDIT APPLICATION, PLEASE
SIGN THIS AUTHORIZATION FOR YOUR BANK AND RETURN IT WITH YOUR CREDIT
APPLICATION.*

*I GIVE MY PERMISSION FOR THE RELEASE OF INFORMATION ABOUT MY
ACCOUNT AS REQUIRED ON THE ATTACHED BANK CREDIT REFERENCE LETTER.*

DATE: _____

COMPANY NAME: _____

AUTHORIZED SIGNERS NAME: _____

SIGNATURE: _____

ACCOUNT #: _____

DATE: _____