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 POMPANO BEACH, FL 33069
 T. 954.973.3833 - F. 954.973.5943

CREDIT APPLICATION

WWW.CORALPACK.COM

Trade Name _____	Accounts Payable Contact _____
Legal Corp. Name _____	Date Business Started _____
Business Address _____	Type of Business _____
City, ST, ZIP _____	Form of Business: (Please check one)
Billing Address _____	___ Corporation ___ Partnership ___ Sole Proprietorship
City, ST, ZIP _____	How long in present location _____
Phone _____	Address Previous location _____
Fax _____	_____
Dun & Bradstreet# _____	Federal ID# _____
State of Incorporation _____	State Tax Exemption # _____
Are you currently under bankruptcy protection? ___ YES ___ NO	Are there any judgments ou suits pending against your company? ___ YES ___ NO

Please give full name and home address of individual, and if a firm, of each partner, or if a corporation, of each officer and office held by each.

Name _____	Name _____
SS# _____	SS# _____
Home Address _____	Home Address _____
_____	_____
Name _____	Name _____
SS# _____	SS# _____
Home Address _____	Home Address _____
_____	_____

Trade References

1) Name _____	Account# _____
Address _____	Phone _____
_____	Fax _____
2) Name _____	Account# _____
Address _____	Phone _____
_____	Fax _____
3) Name _____	Account# _____
Address _____	Phone _____
_____	Fax _____

Authorized Buyers

1) Name _____	2) Name _____
Phone _____	Phone _____

Bank References

Name of Bank _____	I the undersigned, hereby authorize the above Bank and Companies to release credit information to Coral Packaging
Address _____	
City, State Zip _____	Date: _____ Title: _____
Checking Account # _____	Signature _____
Phone _____	_____
Fax _____	_____
Contact (Bank Officer) _____	_____

**Must be COMPLETELY filled out to process. If not filled out completely, it will be returned to customer.
 PLEASE COMPLETE OTHER SIDE**



TERMS & CONDITIONS

This credit application is submitted in writing for the purpose of obtaining merchandise from Coral Packaging on credit

The Customer authorizes the release of trade and banking information to and from Coral Packaging and agrees to provide financial statements upon request.

The Customer agrees that failure to pay any invoice in full within terms of the invoice will result in any outstanding invoices coming due regardless of terms. In addition, Coral Packaging will assess a 2% monthly finance charge on past due balances. Coral Packaging reserves the right to alter or suspend credit any time.

The Customer agrees to pay Coral Packaging a service charge of \$25.00 on each returned check not honored by Customer's bank.

The Customer understands that Coral Packaging does not tolerate non-sufficient funds check, and will pursue criminal and civil action against offenders.

The Customer agrees to pay any and all expenses collection, including attorney's fees, and costs of litigations should Customer's account become delinquent and Coral packaging determines such action is necessary.

THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS CREDIT APPLICATION AND AGREE TO THE ABOUT TERMS AND CONDITIONS. THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS THE TRUE AND CURRENT. FAILURE TO FILL OUT APPLICATION IN FULL WILL RESULT IN THE RETURN OF THE APPLICATION.

Company Name _____
Sole Owner and/or Partnership Business

Owner or Partner _____ Date _____
(Signature)

Partner _____ Date _____
(Signature)

Partner _____ Date _____
(Signature)

Corporation Name _____

By _____ Title _____ Date _____

FOR CORPORATIONS ONLY – ALSO SIGN BELOW

I hereby agree to personally guarantee any and all amounts owed by the above Customer to Coral Packaging.

(Guarantor) _____ Date _____
(Signature)

PLEASE RETURN THE ORIGINAL SIGNED COPY FOR OUR FILES
