

CREDIT APPLICATION

BELL CONTAINERS
697 Millers Run Road, P.O. Box 294
Cuddy, PA 15031-0294
Phone: (412) 221-1830
Fax: (412) 221-1891

BILLING INFORMATION

Company Name: _____	Telephone Number: _____ ()
Attention: _____	Fax Number: _____ ()
Street Address: _____	Bookkeeper: _____
Mailing Address: _____	Date Business Established: _____ / /
City/State/Zip: _____	

PRINCIPAL OWNERS, OFFICERS OR STOCKHOLDERS

<u>Last Name, First, Middle</u>	<u>Position/Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ Proprietorship
☐ Partnership
☐ Corporation → State: _____ Tax I.D.: _____
☐ *Subsidiary
☐ *Branch Office

*Parent Company Name/Home Office: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ ()

Contact Person: _____

To help us determine your credit limit, please answer the following questions:

What is the high credit you desire?

Has the owner or business ever purchased goods from us under any other name?

☐ YES ☐ NO If yes, what name and address? _____

Has the business or the business owner filed for bankruptcy in the last seven years?

☐ YES ☐ NO If yes, what name and address? _____

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REFERENCES (*fax number must be supplied for trade references)

Bank Name: _____
Address: _____
City/State/Zip: _____
Telephone: () _____
Checking Account Number: _____

Supplier: _____
Address: _____
City/State/Zip: _____
Telephone: () _____
***Fax:** () _____

Supplier: _____
Address: _____
City/State/Zip: _____
Telephone: () _____
***Fax:** () _____

Supplier: _____
Address: _____
City/State/Zip: _____
Telephone: () _____
***Fax:** () _____

Attention: Accounts Payable

Does your Accounts Payable Department have special needs? Please complete any information below to help us handle your billing procedures in the manner that you would like. If you require additional space please use a separate sheet of paper.

CREDIT POLICY

PAYMENT TERMS: 1% 10 Net 30 Days of invoice date with approved credit, Check With Order. C.O.D. without approved credit on stock items only.

INVOICING AND STATEMENTS: The original invoice will be mailed the day of shipment. A statement will be issued if there is a balance outstanding beyond those terms. A \$15.00 service charge will be assessed for any returned checks.

PAYMENTS: Please return the remittance copy with your check to the mailing address indicated on your statement.

Note: Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders held and your line of credit removed. If your account demands any type of legal action, you will be responsible for all legal fees generated.

CREDIT DEPARTMENT: The Credit Department is willing to work with you if problems arise. Communication with us will avoid any misunderstanding which could impair your credit with us. Questions about your credit terms may be addressed to us at any time.

In consideration of extending credit, I authorize Bell Containers to contact the above suppliers for credit information. I guarantee all payment within the agreed to terms.

Please allow one week for reference responses. You will be notified by mail only if your credit application was not approved.

Signature: _____
Title: _____

Date: _____