

BENNETT APPLICATION FOR CREDIT

COMPANY NAME							
BUSINESS ADDRESS:							
BILLING ADDRESS:							
PHONE:	FAX: _		Website/email:				
HEREBY applies for credit in accordance with the terms and conditions of: Bennett Packaging of Kansas City, Inc. OUR NORMAL CREDIT TERMS: 30 DAYS WITH APPROVED CREDIT Lee's Summit, MO 64064							
The following information mu	st be provided. It	will be held in the stricte	est confidence.				
TYPE OF BUSINESS:							
D-U-N-S NUMBER: TAX ID:							
YEAR BUSINESS STARTED: _	YEARS AT PRESENT LOCATION:						
TYPE OF ORGANIZATION:	PRIVATE CORPORATION PARTNERSHIP PUBLIC CORPORATION INDIVIDUAL						
OFFICERS:							
NAME:	POSITION:	HOME AD	DDRESS:		PHONE:		
					-		
BANKING REFERENC	ES (INCLUDE	ACCT# & CONT	TACT)				
NAME of BANK & ACCT#:	•	PHONE & FAX:	CONTACT:	EMAIL:			
TRADE REFERENCES (NAME of COMPANY:	(INCLUDE AD Address:	DRESS, PHONE 8	-				
NAME OF COMPANT.	ADDRESS.		PHONE & FAX:	EMAIL:			
			dit terms and agree to the proper pa				
which schally lills bu	ck, pieuse ilio	JIVUE U IUX EXEIII	ipiion ionn completely	illea oui l	n proper billing.		
SIGNATURE:		1	TITLE: D/	ATE:			



BENNETT INTERNAL DOCUMENTATION

	Sales Rep:					
	COMPANY NAME:					
Ž	Value of First Order:		_ Frequency of O	Frequency of Orders:		
A	Projected Annual Purchases:		Requested Credit Amount:			
FILLED BY RESENTAT	Warehousing:		_ Terms:			
- A - A - A - A - A - A - A - A - A - A	Comments:					
TO BE SALES REP						
ESE						
SA						
	Dunn Bradstreet:					
	Rating:	Paydex:	_ Liens:	Judgments:		
	Lawsuits:	Ownership:		Business Start Date:		
	Other:					
(D						
Ž						
	Reference Summary:					
ACCOUNTING						
D BY						
4						
BE FILLED	Cradit Incurance Candidate:			Amount:		
TO BI	Approved Amount:			Amount.		
F						
	Additional Comments:					
	Authorized Signature:			Date:		