

# THE PLATINUM PACKAGING GROUP

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## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Company name:		Tax ID:		DB#:	
Contact:			Location of equipment:		
Phone:	Fax:	E-mail:			
Registered company address:					
City:		State:		ZIP Code:	
Date business commenced:					
Sole proprietorship:		Partnership:	Corporation:	State:	Other:

### OWNERS AND CREDIT INFORMATION

Name:		Title:		%ownership:		SS#:	
Address		City:		State:	ZIP	Phone:	
Name:		Title:		%ownership:		SS#:	
Address		City		State:	Zip:	Phone:	
Bank name:			Contact:				
Bank address:			Phone:				
City:			State:		ZIP Code:		
Type of account		Account number					
Savings							
Checking							
Other							

### 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

By submitting this application, you authorize The Platinum Packaging Group to make inquiries into the banking and business/trade references that you have supplied. I hereby certify that all information supplied here as well as supporting financials and supporting documentation to be true and correct.

### SIGNATURES

<b>X.</b>			
Title:		Title:	
Date:		Date:	