## **BUSINESS CREDIT APPLICATION**





\*\*\*APPLICATION MUST BE COMPLETED IN FULL, INCLUDING PERSONAL GUARANTY, OR THE APPROVAL PROCESS MAY BE DELAYED

Return the completed application to:

Ash Grove Packaging Group 10809 Executive Ctr Dr, Ste. 321 Little Rock, AR 72211 501.224.3882 Ph 501.224.3882 Fax

CREDIT APPLICANT INFORMATION				
Name:		Phone:	Fax:	
Billing Address:		Business Address:		
City, State, Zip:		City, State, Zip:		
Federal I.D. or SSN:				
Years in Business:		Applicant is (Check One):		
Accounts Payable Contact:		Corp (State) Partnership Individual		
Email Address:		☐ C-Corp ☐ S-Corp ☐	LLP □LLC	
	BANK INFO	PRMATION		
Bank Name:		Contact:		
Bank Address:		Type of Acocunt:		
Phone:		Account Number:		
CREDIT REFRENCES				
Company Name:		Company Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:	Fax:	Phone:	Fax:	
Account#:	Contact:	Account#:	Contact:	
Company Name:		Company Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:	Fax:	Phone:	Fax:	
Account#:	Contact:	Account#:	Contact:	
PRINCIPALS, OWNERS, OR OFFICERS				
Name:		Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:	Title:	Phone:	Title:	
Name:		Name:		
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Phone:	Title:	Phone:	Title:	

GENERAL INFORMATION				
Has your company ever previously applied for or I	received credit from our company	?		
If the answer is yes please indicate when and und				
Monthly Statement Desired? Yes N	0			
Sales/Use Tax charged on invoices? Yes	☐ No (If NO, please submit a	completed and signed exemption certificate)		
	TERMS AND COND	TIONS		
(hereinafter "Seller") will rely on this information obtain Credit Reports on Customer or any individuabove. Customer further agrees to supply any adenable Seller to perfect liens or to recover upon a	for the extension of credit. Custor uals listed above, or to obtain creditional information that may be any bond issued.	tand that Precision Packaging Inc./ Materials Packaging Corp. mer authorizes Seller at any time, and from time to time, to dit and funding information from other persons or entities listed required by Seller to warrant the future extensions of credit or to my invoice amount past due until paid, both before and after		
	curred in collection of past due	amounts, including attorney's fees in the amount of $1/3$ of the		
Authorized Signature	Title	Date		
Authorized Signature	ride	Date		
	PERSONAL GUAR	ANTY		
Ι,	, residing at			
Individual's Name		Individual's Home Adress		
For and in consideration of the ext	ension of credit at my request to			
		Company Name (hereinafter "the Company")		
10809 Executive Center Drive, Ste. 321, Little Robecome due by the Company. This Guaranty sha Company, no matter what person or entity ordere	ock, AR 72211, of any obligation all remain in full force and effect d or used the labor and material	ials Packaging Corp. (hereinafter "Seller") the payment, at of the Company, and I hereby agree to pay any sum which may with respect to all amounts due under the account of the supplied on the Company's account, and regardless of any duals legally distinct from the company using or benefiting from		
be obligated to pay all costs incurred by Seller an other rights or remedies which Seller may have. I	d attorney's fees in the amount of t is understood this guarantee sh hereby waive presentment and n	uaranty or any other Contract with Seller, the Guarantors shall of 1/3 of the balance due from Guarantors, in addition to any all be a continuing and irrevocable guarantee and indemnity for otice of dishonor, notice of default, or non-payment and notice y guaranteed.		
Signature				
Printed Name		Date		
	OFFICE USE ON	LY		
Date Rec'd/	Approved By:	Location:		
Denied Approved	Customer ID:	Limit:		
	Salesman:	Pricing:		