

Authorized Signature

## **Anchor Bay Packaging Corporation**

Administrative and Technical Center 30905 23 Mile Road New Baltimore, MI 48047

Bus: (586) 949-4040 Fax: (586) 949-9997

## **APPLICATION FOR CREDIT**

(All information must be filled out)

COMPANY NAME:	TAX IDENTIFICATION NUMBER:	
BILLING ADDRESS:	CITY	STATEZIP
SHIPPING ADDRESS:	CITY	STATEZIP
TELEPHONE NUMBER:	FAX NUMBER:	
PURCHASING CONTACT:	A / P CONTACT:	<del></del>
NUMBER OF YEARS IN BUSINESS: TYPE OF BUSINESS:_	_ CORPORATION PARTNERSHIP _	_SOLE PROPRIORSHIP
NAME OF OWNERS, PARTNERS, OR CORPORATE OFFICERS: $\frac{\text{NAME}}{\text{NAME}}$	TITLE	
REFERENCES:		
<b>BANK:</b> NAME:	CONTACT:	
ADDRESS:		
TELEPHONE NUMBER:	FAX NUMBER:	
TRADE: NAME:	CONTACT:	
ADDRESS:		
TELEPHONE NUMBER:	FAX NUMBER:	
NAME:	CONTACT:	
ADDRESS:		
TELEPHONE NUMBER:	FAX NUMBER:	<del></del>
NAME:	CONTACT:	
ADDRESS:		
TELEPHONE NUMBER:	FAX NUMBER:	
<ul> <li>Anchor Bay Packaging Corporation agrees to provide credit on the formal of the services of the servic</li></ul>	s received within thirty days of the invoice of ecount is delinquent by sixty days, and if the Buyer agrees to pay such reasonable cos	e buyers account is delinquent by ninety

Title

Date