

Packaging Machinery & Equipment Co.

179-181 Watson Avenue
West Orange, N. J. 07052
Phone: 973-325-2418
Fax: 973-325-6937 or email to Packmach@aol.com

New Client Credit Application

Title: _____

Company name: _____

Phone: _____ Fax: _____ E-mail: _____

Registered company address: _____

City: _____ State: _____ ZIP Code: _____

Date business commenced: _____

Sole proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

CREDIT INFORMATION

Primary business address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Bank name: _____

Bank address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Type of account: _____ Account number: _____

BUSINESS/TRADE REFERENCES

Company name: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Company name: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Company name: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____ E-mail: _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Packaging Machinery and Equipment Corp. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Title: _____ Date: _____