



CREDIT APPLICATION

Name of Business _____

Address _____ City _____ State _____ Zip Code _____

Phone No _____ Fax No _____

Accounts Payable Contact (Name) _____

Accounts Payable Contact (Phone) _____

Accounts Payable Contact (Email) _____

Date Business Established _____ D & B Number _____

Estimated Initial Order _____ Credit Line Amount Desired _____

Owners/Principals Names and Titles _____

Company Structure: _____ Corporation _____ Division/Subsidiary _____ LLC _____ Partnership _____ Proprietorship

Parent Company (if a Division or Subsidiary) _____

Type of Business: _____

Sales Tax Exemption Number: _____ (Attach a Copy of Sales Tax Certificate of Exemption)

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TRADE REFERENCES

(1) Name _____ Address _____

City _____ State _____ Zip Code _____ Contact _____

Phone Number _____ Fax Number _____

Email Address _____

(2) Name _____ Address _____

City _____ State _____ Zip Code _____ Contact _____

Phone Number _____ Fax Number _____

Email Address _____

(3) Name _____ Address _____

City _____ State _____ Zip Code _____ Contact _____

Phone Number _____ Fax Number _____

Email Address _____

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Creative Custom Packaging

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BANK REFERENCES

Bank Name _____ Address _____
City _____ State _____ Zip Code _____ Contact _____
Phone Number _____ Fax Number _____ Acct Number _____
Email Address _____

TERMS AND CONDITIONS

The Applicant agrees that payment will be made in accordance with terms stated on each invoice, and understands that a service charge of 1-1/2% per month will be charged on all balances 30 days past due and older (minimum service charge \$10.00). If my (our) account is referred to any attorney for collection, the Applicant will be responsible for reasonable attorney’s fees and court costs.

The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct and complete, agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and agrees to be bound by them.

In order to induce creditors, its successors and assigns, to extend credit to Applicants pursuant to this Credit Application, the undersigned, individually, unconditionally guarantees performance by the Applicant of its obligation hereunder and payment to creditors, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including without limitation, all amounts of principal and interest due and all expenses of collection, including reasonable attorney’s fees, incurred in the collection thereof or the enforcement of its right hereunder, whether suit be brought or not.

The undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided.

The law of the State of New Jersey shall govern this Credit Application, any dispute arising under it, and any extensions of credit by the creditor to the Applicant. The Applicant and the undersigned waive the right to trial by jury and the privilege of being sued in the County of their residence in any litigation arising out of the Credit Application and any extensions of credit pursuant to it. The applicant and the undersigned agree that any litigation arising hereunder and in connection with the collection of any monies due creditors shall be brought in the County desired by creditor.

Credit applications will not be processed without authorized Signature.

I Hereby Authorize Encore International to investigate all of the Above Information for the Purpose of Establishing Open Account Credit For:

Company Name _____
Authorized Signature & Title

Date

Please mail, fax, or email completed application to:

**Encore International
270 Lafayette Ave
Hawthorne, NJ 07506**

Fax: (973) 423-3885 or email: Rose Smith at rsmith@encoreintl.com