



REQUEST FOR CREDIT APPLICATION/TERMS

Please fax your completed application to 630-628-7365

Sales Person's Name:

Your Company Name:

Address:

City: State: Zip:

Contact Name:

Billing Address (if different from above)

Billing Contact Name:

Credit References

Bank Name: Contact:

Address:

City: State: Zip:

Local References

(1)Name:		Contact:	
Address:		Phone:	
City/St.		Fax:	
Account #			
(2)Name:		Contact:	
Address:		Phone:	
City/St.		Fax:	
Account #			
(3)Name:		Contact:	
Address:		Phone:	
City/St.		Fax:	
Account #			

Palmer Packaging, Inc.

423 S. Grace Street • Addison , IL 60101 • Ph: (630) 628-6500 • Fx: (630) 628-7365

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