



Specialists in Supermarket, Food Service, Janitorial Products, Sourcing & Distributing

APPLICATION FOR TRADE CREDIT

Legal Name _____ DBA _____ Phone # _____
Street Address _____ PO Box # _____ Fax # _____
City _____ State _____ Zip _____ TIN/FEIN # _____
Please check ___ Corporation ___ Sole Proprietor ___ Partnership ___ LLC D & B # _____
Years in Operation ___ Tax Exempt ___ No ___ Yes (Please attach your certificate)

Names of Owners:

Name _____ Title _____ SS # _____
Home Address _____ City _____ State _____ Zip _____
Name _____ Title _____ SS # _____
Home Address _____ City _____ State _____ Zip _____

Do you require a purchase order # ___ Yes ___ No Account Payable Contact _____

Monthly Credit Amount Requested \$ _____

Will you be placing orders by: ___ Fax ___ Web ___ Phone

Bank _____ Account # _____ Contact _____ Phone _____
Address _____ City _____ State _____ Zip _____ Fax _____

Trade References:

Co. Name _____ Contact _____ Phone _____
Address _____ City _____ State _____ Zip _____ Fax _____
Co. Name _____ Contact _____ Phone _____
Address _____ City _____ State _____ Zip _____ Fax _____
Co. Name _____ Contact _____ Phone _____
Address _____ City _____ State _____ Zip _____ Fax _____

Pursuant to this credit application, Millennium Packaging Group is hereby authorized to obtain commercial and consumer credit reports as necessary, and to contact all references listed above, along with any references that may be provided by these references. We agree to release the references from any liability for information provided herein. If trade credit is granted, we agree to be bound by the terms.

Remedies for default: In the event of default by the Purchaser, the Vendor reserves the right to refer the unpaid balance to a collection agency or attorney, or to pursue any other legal remedy as allowed by law. The Purchaser agrees to pay all costs of collection, including reasonable attorney or legal fees incurred by the Vendor.

Terms: Net 30. Contact the accounting department if terms need to be customized. If account is past due, account will be put on credit hold and no charges may be incurred until account is current. All invoices payable to Millennium Packaging Group, LP., 4702 Macro, San Antonio, TX 78128.

Report any changes in the information above within 30 days of change to Millennium Packaging Group, LP.

Signature _____ Printed Name _____ Title _____ Date _____

--For Office Use Only:

Account Approved By _____ Date _____ Amount of Credit \$ _____