



WINSTON PACKAGING CREDIT APPLICATION

Please have your financial manager complete this form. By supplying the information requested below completely and accurately, you will enable our Credit Department to better serve your needs.

Company's complete legal name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Check One: Corporation _____ Partnership _____ Sole Proprietor _____

Name _____ Title _____

If a corporation, name of CEO or Senior Manager. If a partnership, names of partners. If a sole proprietor, name of proprietor.

Have any Principals declared Bankruptcy? Yes _____ No _____

Tax I.D. # or SSN if individual proprietorship _____

Credit References - List at least three major suppliers including manufacturers, distributors or wholesalers from whom you obtain credit.

A) Name _____ Phone _____

Address _____ Fax _____

City/State/Zip _____ Contact _____

B) Name _____ Phone _____

Address _____ Fax _____

City/State/Zip _____ Contact _____

C) Name _____ Phone _____

Address _____ Fax _____

City/State/Zip _____ Contact _____

Please list two banks or finance companies with whom you do business.

A) Name _____ Phone _____

Address _____ Fax _____

City/State/Zip _____ Contact _____

B) Name _____ Phone _____

Address _____ Fax _____

City/State/Zip _____ Contact _____

Comments (Please list any other helpful credit information.)

If purchase is not subject to N.C. sales and use tax please provide the appropriate form: Certificate of Resale (Form E-590) or Manufacturers Certificate (Form E-575). Please also provide the Exemption Certificate.

IMPORTANT: If available, please attach your balance sheet and income statement for the last year and for the last month.

The undersigned applicant (“Debtor”) hereby applies for credit with Winston Packaging and any affiliated companies (individually and collectively, the “Creditor”). The Debtor authorizes any bank, trade or credit references provided by the Debtor to release any and all information to Creditor relating to the creditworthiness of the Debtor. Payment must be made within thirty (30) days from the date of all invoices, unless otherwise agreed in writing by Creditor. The Debtor agrees that any amount not paid when due shall be subject to a charge of 1.5% per month of the unpaid balance of the previous month until paid, which is an ANNUAL PERCENTAGE RATE OF 18%. In the event that Creditor refers the account of the Debtor to an attorney for collection, Debtor agrees to pay all reasonable attorneys’ fees and costs of Creditor. Creditor may also exercise its right to reclaim any products in the event of Debtor’s default without prejudicing or affecting any rights to seek payment. The Debtor acknowledges that it transacts business within North Carolina and that payment shall not be deemed made until received in collected funds at the offices of Creditor, or at such other location within North Carolina as may be designated from time to time by Creditor. In consideration of Creditor extending credit to Debtor, Debtor consents and agrees that any proceeding to collect amounts owing by Debtor to Creditor or otherwise relating to the extension of credit pursuant to this application, may be brought and maintained in the state courts of Forsyth County, North Carolina. Debtor irrevocably submits to the jurisdiction of Forsyth County, North Carolina. Creditor is relying upon the representations and warranties contained in this application in making its decision whether to advance credit to Debtor. The determination of whether to sell to Debtor and the prices to charge is within the sole discretion of Creditor, and is subject to change at any time.

Executed this _____ day of _____, 20_____.

Name of Corporation, Partnership, or Sole Proprietor

By _____
Printed Name

Signature _____

Title _____
An authorized officer of corporation or general partner of partnership



8095 North Point Blvd.
Winston Salem, NC 27106
336.759.0051 • FAX 336.759.7959

Winston Packaging Representative’s Signature

Title & Date