

Network Packaging, LLC Credit Application

5000 East 41st Avenue Unit B

Denver, CO 80216

Phone: (303) 333-3007

Fax To: (303) 333-2332

Company Name:		
Your Name:		
Ownership		
(President, Partners or Sole Proprietor)		
Billing Address:		
City:	State:	Postal Code:
Phone:	Fax:	
Email Address:		
Homepage URL:		

Years in Business:	Years at above address:
Purchasing Agent:	
Alternate Contact:	
Accounts Payable Contact:	
Tax ID Number:	Social Security Number:
(Must have for Partnership or Sole Proprietorships)	
Is your business Taxable? Yes No	
Do you require a Purchase Order for your people to order product? Yes No	

Business References:

Company Name:	Company Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact Name:	Contact Name:

Company Name:	Company Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact Name:	Contact Name:

Bank Reference:

Bank Name:	Account Number:
Address:	Contact Name:
Phone:	Alternate Contact:
Fax:	

I (We) herby certify that the above information is true and correct.

Signature:	Date:
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(Must be signed by Corporate President, Partners or Sole Proprietor)