

CREDIT APPLICATION

Your order will be held until this form is returned with all the information provided. If your order cannot be shipped on open account, you will then be notified.

Name of business _____

Address _____

Type of organization Corporation Partnership Individual

Number of years in business _____ Number of years in business at this location _____

Name of individual to contact in your firm _____

Telephone number _____ Position _____

Name of your bank _____

Address _____

Account number _____ Individual in bank to contact _____

Three credit references from whom you purchase (name, address, phone number)

1.) _____

2.) _____

3.) _____

Estimate of annual sales volume \$ _____ Estimate of your business asset value \$ _____

Are you paying your bills within terms? Yes No


What dollar amount of credit will your company require? _____

Statement by person signing this form:

I certify that the above information is true and correct. I agree that in return for the privilege of buying on open account, if I do not pay within terms, I will pay 1-1/2% per month financing charges (18% per annum) on past due invoices and any collection cost that may arise.

Signed _____

Title _____

Please complete and return as quickly as possible to 

GENERAL FILMS AGREES TO KEEP THIS
INFORMATION STRICTLY CONFIDENTIAL.

**General
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INNOVATIONS IN PACKAGING

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