



CREDIT APPLICATION

****ESTIMATED MONTHLY PURCHASES (IN UNITS)** _____

****TERMS REQUESTED** _____

BUSINESS INFORMATION

Business Name: _____
(Legal name) (DBA)

Billing Address: _____
(Address) (City) (State) (Zip)

Telephone & Fax Number: _____
(Phone Number) (Fax Number)

Federal Tax ID Number: _____

A/P CONTACT INFORMATION

Name: _____
(First Name) (MI) (Last)

Telephone & Fax Number: _____
(Phone Number) (Fax Number)

PRINCIPAL OWNERS/OFFICERS

(First Name) (MI) (Last) (Title) (First Name) (MI) (Last) (Title)

BANK REFERENCE

Bank Name: _____

Bank Location: _____

Phone Number: _____

Fax Number: _____

Contact: _____

TRADE REFERENCES

Name	Address	Phone	Fax	Contact

The above information is being submitted for the purpose of allowing Evergreen Plastic Container, Inc. to assess and/or continue to assess credit solely for business purposes of the applicant. The applicant hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date hereof. The applicant hereby authorizes Evergreen Plastic Container, Inc. to contact and investigate the references, including the banks, listed above and hereby authorize the references to release the requested information. The applicant hereby agrees to remit payment within the terms specified on each invoice. If payment is not received when due without just cause, the applicant also understands that future shipments may be held until past dues are paid in full. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including reasonable attorneys' fees and expenses.

Name (Please Print) Authorized Officer Signature Required Title Date