

APPLICATION FOR ACCOUNT

You may Fax a current credit reference list to Pierce Packaging Equipment Inc. 650-342-5463

FROM:

Company Name

Contact Name

Street Address

City State Zip Number of years at this address

Telephone Fax Number Email

OWNERSHIP:

Corporation Incorporated less than 12 months Partnership Proprietorship Individual

Name (**President or owner**) Number of years in business

Street Address

City State Zip Number of years at this address

Telephone Fax Number Email Name

Name (**Secretary**) Number of years in business

Street Address

City State Zip Number of years at this address

Telephone Fax Number Email Name

Name (**Treasurer**) Number of years in business

Street Address

City State Zip Number of years at this address

Telephone Fax Number Email Name

FINANCE:

Bank Name

Street Address (Bank)

City (Bank) State (Bank) Zip Code (Bank)

Telephone (Bank) Fax Number (Bank) Account Representative (Bank)

REFERENCES:

Name

Street Address City State Zip Code

Telephone Fax Number Email Contact

Name

Street Address City State Zip Code

Telephone Fax Number Email Contact

Name

Street Address City State Zip Code

Telephone Fax Number Email Contact

I (WE) CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS

Name Title Date

Please send the form to:

Pierce Packaging Equipment Inc.
217 South Claremont Street
San Mateo CA 94401
Email sadie@packagingequipment.com
PHONE 650-342-8691 FAX 650-342-5463