



# HIGHPOINT PACKAGING

## CREDIT APPLICATION

12855 Valley Branch Lane, Farmers Branch, Texas 75234

972.866.0880 Phone/972.866.0893 Fax

COMPANY NAME (LEGAL NAME) - Headquarters		PHONE	
		FAX	
A/P CONTACT NAME & E-MAIL ADDRESS		AP PHONE	AP FAX
ADDRESS			
CITY/STATE/ZIP			
STATE TAX STATUS:	Customer assumes state tax liability unless application is accompanied by signed SALES & USE TAX EXEMPTION CERTIFICATE FOR EACH STATE	DATE & STATE OF INCORPORATION	
EXEMPT      TAXABLE			
FEDERAL TAX I.D.NO.		DUNS NO:	
COMPANY URL:		E-MAIL ADDRESS:	

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 Roll Bond Converting to contact and investigate the references including banking information. Your submission of this credit application to ROLL BOND CONVERTING for consideration is your acceptance of Roll Bond Converting's terms & conditions of sale along with Roll Bond Converting's credit and collection policies regarding late payments and account delinquency. Late charges are assessed if payment is not received within **PAYMENT TERMS OF NET 30 calculated from the invoice date/shipped date**, FOB Origin. If invoices are paid late Applicant agrees to pay a monthly service charge equal to one and on half (1 1/2%) or the maximum amount allowable under applicable state law of the unpaid delinquent balance until the account is 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. Jurisdiction: State of Texas; venue: Dallas County.

**ANY ACCOUNT ACCOUNT WITH INVOICES OVER 45 DAYS IS SUBJECT TO BEING PLACED ON HOLD  
ANY OPEN ACCOUNT PAID WITH A CREDIT CARD AFTER 45 DAYS SUBJECT TO 4% PROCESSING FEE**

Date	Officer's/Owner's Signature and Printed Name	Title

**BUSINESS STRUCTURE:**

CORPORATION     SOLE PROPRIETORSHIP     PARTNERSHIP     LTD     OTHER: PLEASE EXPLAIN

Nature Of Business: \_\_\_\_\_ Estimated Monthly Credit Required: \$ \_\_\_\_\_ Salesperson \_\_\_\_\_

TO SUPPORT THIS APPLICATION FOR CREDIT, PLEASE ATTACH LATEST FISCAL YEAR END FINANCIAL STATEMENT

SECTION A:	SECTION B: ONLY COMPLETE IF NOT A CORPORATION	
NAMES & TITLES OF OFFICERS, PARTNERS OR OTHER	SOCIAL SECURITY NO:	RESIDENTIAL ADDRESS



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## Credit/Financial Information Release Authorization for Banks and Credit References

BUSINESS TRADE REFERENCES		
COMPANY/CONTACT	ADDRESS	PHONE/FAX
#1		
#2		
#3		

BANK INFORMATION			
BANK		BANK	
CONTACT		CONTACT	
PHONE/FAX	ACCT #	PHONE/FAX	ACCT #

To those listed as credit and bank references, I \_\_\_\_\_  
 (Owner/Officer)  
 of \_\_\_\_\_ give you permission to release financial and credit  
 (Company)  
 experience information in pursuit of obtaining credit terms with HIGHPOINT PACKAGING. All  
 Listed Bank and Credit References are permitted to provide this information freely without  
 fear of retribution or legal action from \_\_\_\_\_.  
 (Company)

I understand that this information will be protected by HIGHPOINT PACKAGING and remain  
 Confidential. The information is to only be utilized for evaluation of extending credit terms.

\_\_\_\_\_  
(Owner/Officer)

\_\_\_\_\_  
(Date)

Special Shipping Instructions (Please check those that apply):

- Lift Gate Required
- Short Truck
- No Double Stacking
- Delivery Appt. Required
- Pallet Jack Required
- Other \_\_\_\_\_

**Please fax W-9 and Resale Certificate to 972.866.0893 Attn: Credit Dept  
or email to [accounting@highpointpackaging.com](mailto:accounting@highpointpackaging.com)**