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 LINDON. UT 84042
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PO BOX 618
 PLEASANT GROVE, UT
 84062

APPLICATION FOR CREDIT

DATE _____ 20____

ISSUED TO _____

(PLEASE ANSWER ALL QUESTIONS. WHEN NO FIGURES ARE INSERTED, WRITE WORD "NONE".)

COMPANY NAME		TRADE NAME	
CONTACT NAME:		EMAIL ADDRESS:	
WEB ADDRESS:			
PHONE #	FAX #	BUSINESS HOURS:	
STREET ADDRESS			
CITY	STATE	ZIP CODE	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
RECEIVING HOURS:		SPECIAL INSTRUCTIONS:	
FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER OF CORPORATION), LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL.			

PLEASE CHECK ONE	INDIVIDUAL	PARTNERSHIP	CORPORATION	FED. TAX NO. (FOR CORPORATION)	STATE TAX NO.
TYPE OF BUSINESS				DATE STARTED	
ESTIMATED ANNUAL SALES					
OWN OR RENT BUILDING - IF RENT - FROM WHOM?				VALUE	

TRADE REFERENCES

NAME	CITY, STATE	PHONE #	FAX #

NAME OF BANK	CONTACT NAME
PHONE #	FAX #
STREET ADDRESS	
CITY	STATE ZIP CODE

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS: (See attached)

IF IT BECOMES NECESSARY TO COMMENCE ACTION TO COLLECT ANY UNPAID BALANCE, THE APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING COURT COSTS, REASONABLE ATTORNEY'S FEES AND INTEREST AT THE RATE OF 1-1/2% PER MONTH (18% APR) ON ANY UNPAID BALANCE. THIS AGREEMENT SHALL BE INTERPRETED AND ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF UTAH. VENUE WILL BE AT THE SOLE DISCRETION OF ADR PACKAGING, INC.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE COMPANY TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME _____

BY _____

TITLE _____