

**CUSTOM PROGRAMS  
& PACKAGING, INC.**

www.cpkg.com



4400 Helton Drive  
Florence, AL 35630  
Phone: 256-767-3813  
Fax: 256-767-3842

## Credit Application

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Payables Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Nature of Business \_\_\_\_\_

Years in Business \_\_\_\_\_

Area Served \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

No. of Sales Personnel \_\_\_\_\_

### IMPORTANT – PLEASE NOTE

By my signature below, I certify that all products purchased from Custom Programs & Packaging are for resale to others.

## Bank Credit Reference

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Trade Credit Reference

Company \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_  
Name & Title – Owner/Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date