



Application for Credit

Please ensure all applicable information is filled out on credit application. For companies under credit umbrella, section 1 and 3 are the only sections required to be completed.

InterWrap Corp
P.O. Box 280
Sumas, WA
98295-0280
Tel: 778-945-2888
Fax: 604-696-5518
Email: credit@interwrap.com

Section 1

Legal Business Name: _____ Phone: _____
Doing business as (if applicable) _____ Fax: _____
Bill to Address _____
Ship to address _____
Accounts Payable contact name: _____ A/P Phone: _____
A/P Email: _____ Type of business: _____
Corporate blanket credit approval? **Y N** Name of parent organization: _____

Section 2

Date Business Started: _____ Website (if available): _____
Ownership: Partnership Corporation Individual Co-op E-Mail Address: _____
Name and Address of Owners: _____
Annual Sales: \$ _____ No. of Employees: _____ Net Worth of Business: \$ _____
Purchase Order Required? **Y N** Amount of Credit Requested: \$ _____
Individuals Authorized to Purchase: _____

Credit References (at least 2 must match or exceed amount of credit requested above)

Name	City / Province	Phone Number	Fax Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Reference

Bank Name: _____ Account #: _____
Address: _____
Manager: _____ Phone #: _____ Fax #: _____

Section 3

Terms

I/We understand that InterWrap's standard terms are Net 30 After Date of Invoice. A service charge of 2% per month (24% per annum) or such other rate of interest as the applicant may be advised of in writing from time to time will be charged on overdue accounts. Returns will not be accepted without prior authorization and are subject to a 15% restocking charge and freight paid to our warehouse. Claims regarding incorrect counts or breakage will receive consideration only when made within 10 days of receipt of goods. I/We hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or information as may be deemed necessary in connection with the establishment and maintenance of credit account or for any other direct business requirements. I/We agree to pay any costs of collection including, but not limited to reasonable attorney fees at trial or upon appeal should I/We not pay amounts due in accordance with these terms.

Date: _____ Signed by Officer of Company: _____
Title: _____ Print Name of Person Signing: _____

Unless a Sales Tax Exemption Certificate is provided, your account will be set up as taxable

- Any credit application with incomplete or missing information may delay your request
- Fax your complete credit application to 604-696-5518-Attention: Accounting / Credit Department



FOR OFFICE USE ONLY

Rep Organization: _____ Rep Name: _____
Short Name: _____ Company: _____ Date: _____
Prepared By: _____ Approved By: _____ Credit Limit: _____