



# Application for Credit - TITANIUM™

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

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.

## 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: \_\_\_\_\_  
Price change contact: \_\_\_\_\_ Price change email address: \_\_\_\_\_  
Corporate blanket credit approval? \_\_\_\_\_ Name of parent organization: \_\_\_\_\_

## Section 2

Date Business Started: \_\_\_\_\_ Website (if available): \_\_\_\_\_  
Ownership: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Name and Address of Owners: \_\_\_\_\_  
Annual Sales: \$ \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Net Worth of Business: \$ \_\_\_\_\_  
Purchase Order Required? \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_  
Individuals Authorized to Purchase: \_\_\_\_\_

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

Supplier Name	City / State	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 authorizations and are subjected 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. Currency as stated on invoices.

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: \_\_\_\_\_