



InterWrap Inc.
1818-1177 West Hastings St.
Vancouver, BC V6E 2K3

Phone: (604) 696-5517
Fax: (604) 696-5518

APPLICATION FOR CREDIT Wood Packaging

Business Name: _____ Telephone: _____

Trade Name if applicable: _____ Fax: _____

Mailing Address: _____ FED TAX ID #: _____

Shipping Address: _____

Type of Business: _____ Date Business Started: _____

Ownership: Partnership: () Corporation: () Individual: ()

Name and Address of Owners: _____

Annual Sales \$ _____ No. of Employees _____ Net Worth of Company \$ _____

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)

	<u>Name</u>	<u>City / Province</u>	<u>Phone Number</u>	<u>Fax Number</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Bank Reference:

Bank Name: _____ Address: _____

Account Number: _____ Telephone: _____

Terms:

I/We understand that your terms are net 30 from 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: _____

OFFICE USE ONLY	
SHORT NAME: _____	COMPANY: _____
Approved by: _____	Date: _____ Credit Limit: _____