Credit Application and Agreement

1. Applicant Information

Company Name: [Client Company Name]

Address: [Client Address]

Contact Person: [Name, Position]

Phone Number: [Phone]
Email Address: [Email]

2. Business Information

Type of Business: [Restaurant, Retail, etc.]

Years in Business: [Number of Years]

Ownership Structure: [Sole Proprietor, Partnership, Corporation]

Federal Tax ID Number: [Tax ID]

3. Trade References

Please provide at least three trade references with contact details to verify the client's payment history.

4. Bank Reference

Bank Name: [Bank Name]

Account Number: [Account Number]
Contact Person: [Bank Representative]

Phone Number: [Phone]

5. Credit Terms and Conditions

Payment Terms: Approved clients will receive 30-day net payment terms. Payment is due within 30 days of the invoice date.

Late Payments: Any balance not paid within 30 days may incur a late payment fee of [10%] per month. Continued failure to pay may result in withdrawal of credit terms and referral to collections.

Credit Limit: Initial credit limit will be determined based on the evaluation of this application.

6. Authorization

By signing below, the applicant authorizes PAP Products to verify all provided information, including contacting trade and bank references, and to obtain credit reports as necessary to establish creditworthiness.

7.	Ac	сер	otan	ce
----	----	-----	------	----

Signature of Applicant:	
Printed Name: [Name]	
Title: [Title]	
Date:	

8. Terms of Sale

Product Details: Includes paper, plastic containers, and other supplies as agreed upon by both parties.

Order Minimum: Any order must meet the minimum value of \$200 to be eligible for the 30-day payment terms.

Dispute Resolution: Any disputes must be communicated within 7 days of receiving an invoice.