

PCG Packaging, LLC
12029 Mott Street
Arlington, TN 38002
USA

NEW ACCOUNT APPLICATION

CREDIT APPLICATION



ACCOUNT APPLICATION

Business Name:	DBA:		
Street Address:	City:	State:	Zip:
County:	Email Address:		
Phone Number:	Cell Phone:	Fax:	

GENERAL INFORMATION

Federal Tax ID:	Year Established:	Dunns #:		
Legal Business Status:	Sole-Proprietor	Partnership	LLC	Corporation

RECEIVABLE INFORMATION

Estimated Monthly Sales Volume: \$

Current A/R Balance: \$ 1-30 Days: \$ 31-60 Days: \$ 61+ Days: \$

Do you presently have a lien on your inventory? Yes No If yes, please describe:

Are all tax obligations current? Includes filing/payment of 941, 2290, 1120, and 1040 forms. Yes No Note: If no, please provide past due amount along with any communication from tax authority involved.

INFORMATION SUBMITTAL CHECKLIST - Please attach the following that apply

- | | | |
|----------------------------------|---|---|
| Active Operating Authority | Articles of Incorporation <i>Corporation & LLC</i> | Operating Agreement <i>LLC Only</i> |
| Insurance Certificate | Most Recent AR Aging Detail Report | |
| Customer List with Address & Tel | Trade Name / Fictitious Name <i>Sole Proprietorship</i> | Organization Minutes
(Corporations Only) |
| W-9 Form | Copy of Drivers License or Passport | |

Owner / Officer / Partner Information (Please attach any additional owner / officers)

First Name Middle Initial: Last Name
Home Address: City: State: ZIP:
County: Home Tel. Date of Birth:
Title: Ownership %: SSN:

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Title: Ownership %: SSN:

List all businesses in which your principals
have had ownership in the last 12 months:

BANK REFERENCE

Bank Name: Date Acct Established: Current Balance:
Contact: Telephone: Fax:
Address: City / State: Zip:

I hereby authorize the release of credit information and authorize PCG Packaging, LLC to complete a credit analysis and any other inquiry deemed necessary by PCG Packaging, LLC , its authorized finance partners, or its affiliates for the purpose of business evaluation.

Please print this page and sign below. We do not accept electronic signatures.

Owner / Officer (Handwritten Signature Required) Title Date

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REFERENCE FORM - Three Required

Business Name:

Contact:

Street Address:

City:

State:

Zip:

Phone Number(s):

Fax:

How long have you been doing business with them?

Business Name:

Contact:

Street Address:

City:

State:

Zip:

Phone Number(s):

Fax:

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Business Name:

Contact:

Street Address:

City:

State:

Zip:

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Please print this page and sign below. We do not accept electronic signatures.

Printed Name

Title

Signature (Handwritten Signature Required)

Date

Please complete this form and FAX TO: 1-901-310-3957