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New Client Credit Application

United Packaging Federal ID #: 23-2696770

Date: _____
Consultant: _____
Account #: _____

Billing Address:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax#: _____
A/P Contact: _____ D&B # _____
A/P Email: _____
A/P Phone #: _____ Fax#: _____
Tax Exempt #: _____ **Tax Exemption Certificate must be included to be marked non-taxable**

Shipping Address:

Name: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax#: _____
***Receiving Hours: _____

Trade References:

1. Company Name: _____ Phone#: _____
Address: _____ Fax#: _____
Email: _____
2. Company Name: _____ Phone#: _____
Address: _____ Fax#: _____
Email: _____
3. Company Name: _____ Phone#: _____
Address: _____ Fax#: _____
Email: _____

Bank Reference:

Name: _____ Account # _____ Phone # _____

The undersigned hereby authorizes the above named bank, trade and or credit references listed to release credit information as necessary to establish terms with our company.

(Print Name) (Signature) (Title) (Date)