



4580 EAST 71ST STREET CLEVELAND OHIO 44125 USA

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
YEAR ESTABLISHED: _____ PHONE: () _____ FAX: () _____
E-MAIL ADDRESS: _____

ALL INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENCE.
HEAT SEAL/AMPAK RESERVES THE RIGHT TO REFUSE CREDIT
FOR NON-COMPLIANCE OF THESE PUBLISHED TERMS.

OWNERSHIP:

CORPORATION: CHECK HERE IF INCORPORATED WITHIN THE PAST 12 MONTHS
PARTNERSHIP: INDIVIDUAL:

| NAME OF PRINCIPAL(S) | COMPLETE ADDRESS | ZIP | PHONE |
|----------------------|------------------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

FINANCIAL:

BANK OR FINANCIAL INSTITUTION: _____
THEIR ADDRESS: _____ CITY, STATE, ZIP _____
OFFICER OR DEPARTMENT: _____
PHONE: () _____ FAX: () _____ E-MAIL: _____

REFERENCES:

| BUSINESS NAME | COMPLETE ADDRESS | PHONE | FAX |
|---------------|------------------|-------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

CHECK HERE IF CASH SALES ARE PERMITTED UNTIL CREDIT IS APPROVED:

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS
AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

SIGNED: _____ TITLE: _____ DATE: _____