



14601 W 99th Street
 Lenexa, Kansas 66215
 Phone: (800) 999-5518
 Fax: (913) 422-2077
 www.churchillcontainer.com

NEW CUSTOMER PACKET

*Complete this packet in its entirety to apply for terms.

*If paying by credit card please fill out and sign the credit application portion (a CC form will be provided upon order confirmation).

How did you hear about us? _____

CREDIT APPLICATION

*Please note a pre-prepared credit form will be accepted, however we will still need a signature as this form counts as your customer contract.

Business Name: _____

D/b/a: _____

Address: _____ Telephone: _____

City/State/Zip _____ Fax: _____

Name and EMAIL of Accounts Payable Contact: _____

Shipping address if different from above: _____

Fed. Tax No.: _____ D&B#: _____ In Business Since: _____

Corporation Partnership Proprietorship Credit Limit Requested: _____

Type of business: _____

Full names and addresses of corporate officers, partners, or proprietor (give home address if a Partnership or Sole Proprietorship)

MAJOR CREDIT REFERENCES – 4 REQUIRED

Company Name: _____

Address: _____ Telephone: _____

City/St/Zip _____ Fax: _____

Contact Person: _____ Account No: _____

Company Name: _____

Address: _____ Telephone: _____

City/St/Zip _____ Fax: _____

Contact Person: _____ Account No: _____

Company Name: _____

Address: _____ Telephone: _____

City/St/Zip _____ Fax: _____
Contact Person: _____ Account No: _____

Company _____
Name: _____
Address: _____ Telephone: _____
City/St/Zip _____ Fax: _____
Contact Person: _____ Account No: _____

BANK REFERENCES

Bank Name: _____
Address: _____ Telephone: _____
City/St/Zip _____ Fax: _____
Contact Person: _____ Account No: _____
Do you have a Credit Line for Borrowing? _____

The Undersigned **have / have not** filed for or been the subject of a bankruptcy as a company or as an individual.
If yes, give type of bankruptcy and date filed: Chapter _____ Date: _____

The information provided with this application is true and correct. You are authorized to contact the above Major Trade References and Bank References to release all pertinent credit information. Should this credit application be approved, I (We) agree that the terms of sale are Net 30. Interest at the highest rate permitted by state law will be applied to past due accounts. Should it be necessary to collect through an attorney, by legal proceedings, or otherwise, the undersigned agrees to pay all costs of collection, including, interest and attorney's fees.

Authorized Company Officer/Partner:

Signature: _____ Date: _____

***SIGNATURE REQUIRED TO PROCESS CREDIT REFERENCES.**

Printed Name: _____ Title _____

Company: _____

PERSONAL GUARANTEE

In consideration of your extending credit to the above-named company, I (We) do hereby guarantee, jointly and individually, to pay on demand any sum which may become due whenever the company shall fail to pay the same. It is understood that this guaranty shall be continuing, and irrevocable. I (We) do hereby waive notice of default for non-payment thereof and consent to any modifications or the renewal of credit hereby guaranteed.

Guarantors of Payment and Spouse

Guarantor:	<u>Street Address</u>	<u>City/State/Zip</u>	<u>Phone #</u>
Signature	_____	_____	_____
Print Name	Social Security #: _____	Date: _____	_____

Spouse:
Signature _____
Print Name _____ Social Security #: _____ Date: _____