



Performance Packaging of Nevada  
 6430 Medical Center Street, Suite 102  
 Las Vegas, NV 89148  
 Phone: (702) 240-3457 Fax: (702) 240-3453

## Business Credit Application

Company Name	Trade Name/DBA
--------------	----------------

Billing Address

Shipping Address

Phone	Fax	Email
-------	-----	-------

Website URL
-------------

Federal Tax ID Number	Dun & Bradstreet Number
-----------------------	-------------------------

Type of Business	In Business Since
------------------	-------------------

Legal Form Under Which Business Operates		
Corporation	Partnership	Proprietorship

State of Incorporation	SIC Code
------------------------	----------

Date Established	Number of Employees
------------------	---------------------

Annual Sales	Parent Company
--------------	----------------

Sales Tax Status	Tax Exempt Resale Number
------------------	--------------------------

### **Full Name of Owner(s) or Authorized Officer(s) & Accounts Payable Contact**

Name	Title	Social Security Number
Home Address	City/State/Zip	Phone
Name	Title	Social Security Number
Home Address	City/State/Zip	Phone
Accounts Payable Contact	Direct Phone or Extension	

## Bank References

Institution Name:	Institution Name:
Checking Account #:	Checking Account #:
Address:	Address:
Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone: Fax:	Phone: Fax:	Phone: Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Upon receipt of your Performance Packaging account approval letter, any purchases made show your acceptance of terms.

---

Signature  
Title  
Date

Signature  
Title  
Date

Please fax this form to (702) 240-3453 for credit approval.