

HIP WRAP CONTAINMENT



BUSINESS CREDIT APPLICATION

Business Name:		Date:
Address:		
City:	State:	Zip Code:
Owner/Manager:	Phone:	Fax:
Business License #:	Resale #:	

TRADE REFERENCES

Name:	Address:	
Account #:	Phone:	Fax:
Contact:		

Name:	Address:	
Account #:	Phone:	Fax:
Contact:		

Name:	Address:	
Account #:	Phone:	Fax:
Contact:		

BANK REFERENCES

Name:	Address:	
Account#	Phone:	Fax:
Contact:		

Name:	Address:	
Account#	Phone:	Fax:
Contact:		

The undersigned authorizes inquiry as to credit information.
We further acknowledge that credit privileges, if granted, may be withdrawn at anytime.

Authorized Signature
Date