



56 Main Street, 2<sup>nd</sup> Floor  
 PO. Box 130  
 Orleans, MA 02653

**CREDIT APPLICATION**

<b>Company Name</b>			
<b>Billing Address</b>			
<b>City, ST, Zip</b>			
<b>Billing Contact</b>			
<b>Phone</b>			
<b>Fax</b>			
<b>E-mail</b>			
<b>Federal Tax ID:</b>		<b>D&amp;B #</b>	
<b>Business Type</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	
<b>No. of Employees</b>			
<b>Date Business Established</b>			
<b>State where organized</b>			
<b>Amount of Credit Requested</b>	We request \$ _____ Credit on 30 Day Terms		

**ONEPAK CREDIT APPLICATION PAGE 2**

<b>Applicant Company Name</b>	
<b>Bank Reference</b>	
<b>Address</b>	
<b>City, ST, Zip</b>	
<b>Account#</b>	
<b>Contact Name</b>	
<b>Phone</b>	
<b>E-Mail</b>	
<b>Trade Reference #1</b>	
<b>Address</b>	
<b>City, ST, Zip</b>	
<b>Account#</b>	
<b>Contact Name</b>	
<b>Phone</b>	
<b>E-Mail</b>	
<b>Trade Reference #2</b>	
<b>Address</b>	
<b>City, ST, Zip</b>	
<b>Account#</b>	
<b>Contact Name</b>	
<b>Phone</b>	
<b>E-Mail</b>	
<b>Trade Reference #3</b>	
<b>Address</b>	
<b>City, ST, Zip</b>	
<b>Account#</b>	
<b>Contact Name</b>	
<b>Phone</b>	
<b>E-Mail</b>	
<b>References Attached:</b>	<b>Indicate here if you have attached a reference sheet. Please sign and date below and return via fax or email.</b>
<b>Your Name and Title</b>	
<b>Your Email Address</b>	
<b>Signature</b>	<b>Date:</b>

**FAX COMPLETED FORM TO: Maria Johnson, Corporate Administrator, (508) 247-9300  
OR EMAIL IT TO : Maria.Johnson@ONEPAK.COM**