



2017 Lomita Blvd. Suite 2253
 Lomita, CA 90717
 Phone: 310-530-7734
 Fax: 310-530-7704
 www.slpdi.pkg4less.com

CREDIT APPLICATION

page 1 of 4
 INSTRUCTIONS: Please type or print, supplying all information requested. Signature of owner, partner, or corporate officer is required. Attach resale card for tax exempt purchases.

BUSINESS	BUSINESS NAME (APPLICANT)			AGE OF BUSINESS
	ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)
	PHONE	FAX	FEDERAL TAX ID:	
	EMAIL ADDRESS		WEBSITE	

OWNERSHIP	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			ESTIMATED MONTHLY LINE OF CREDIT
	1st PRINCIPAL'S NAME		TITLE	HOME PHONE
	ADDRESS (STREET)		(CITY) (STATE) (ZIP CODE)	SOCIAL SECURITY NO.
	2nd PRINCIPAL'S NAME		TITLE	HOME PHONE
	ADDRESS (STREET)		(CITY) (STATE) (ZIP CODE)	SOCIAL SECURITY NO.

BANK	BANK ADDRESS (STREET)			(CITY) (STATE) (ZIP CODE)
	CONTACT	PHONE	CHECKING ACCT. NO.	

IN CONSIDERATION of credit hereafter granted by Southland Packaging Distribution Inc., (*Creditor*) to the above mentioned business applicant (*Debtor*), the undersigned hereby unconditionally and personally guarantees to Creditor full payment when due of any indebtedness of Debtor for (1) goods sold or consigned to, work-in-process identified for, Debtor by Creditor or (2) services performed for Debtor by Creditor, together with a reasonable service charge (1% per month) on accounts 30 days past invoice date and all expenses of collection, including court costs and reasonable attorney's fees.

This guaranty shall be directly enforceable against the undersigned without first resorting to any remedies against Debtor. This guaranty shall be a continuing guaranty and shall remain in full force and effect until undersigned gives written notice, by certified or registered mail, to Creditor to extend no further credit on the security of this guaranty. Such notice shall be ineffective as to any obligation (billed or unbilled) existing at the time such notice is received by Creditor. The undersigned hereby assents to all terms and conditions made or to be made with Creditor by Debtor.

Authorization: Applicant warrants that all the information provided is true and correct, and authorizes Southland Packaging Distribution Inc., to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a credit.

Intending to be legally bound hereby,

_____	_____	_____
SIGNATURE	TITLE	DATE
_____	_____	_____
SIGNATURE	TITLE	DATE



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page 2 of 4

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Trade Reference From: _____
 Company Name

TRADE REF 1	BUSINESS NAME (APPLICANT)	
	ADDRESS (STREET)	
	(CITY)	(STATE) (ZIP CODE)
	CONTACT	
	PHONE	FAX

TRADE REF 2	BUSINESS NAME (APPLICANT)	
	ADDRESS (STREET)	
	(CITY)	(STATE) (ZIP CODE)
	CONTACT	
	PHONE	FAX

TRADE REF 3	BUSINESS NAME (APPLICANT)	
	ADDRESS (STREET)	
	(CITY)	(STATE) (ZIP CODE)
	CONTACT	
	PHONE	FAX

TRADE REF 4	BUSINESS NAME (APPLICANT)	
	ADDRESS (STREET)	
	(CITY)	(STATE) (ZIP CODE)
	CONTACT	
	PHONE	FAX



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BANK CREDIT RATING

page 3 of 4

INSTRUCTIONS: Please type of print, supplying all information requested. Signature of owner, partner, or corporate officer is required.

Attention future customer of Southland Packaging Distribution Inc.:

Due to a recent policy change in the banking industry, we will now require the following information, complete with signature before your account can be set up by our company.

Name of Bank	
Address	
Phone No.	Fax No.
Contact	
Account Name	
Account No.	

I hereby give permission to Southland Packaging Distribution Inc., to utilize the above information for the purpose of obtaining a credit rating only.

Signature

Date

Do not write below this line - for BANK Only!

Please provide the following information with regards to _____
 _____ (Company Name). Thank you for your attention to this matter.

DATE ACCOUNT OPENED: _____

RATING: LOW MEDIUM HIGH
 1 2 3 4 5 6 7 8 9 10



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RESALE CARD

INSTRUCTIONS: Please type or print, supplying all information requested.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

I HEREBY CERTIFY that I hold valid seller's Permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

I ALSO HEREBY CERTIFY that the tangible property described herein which I shall purchase from Southland Packaging Distribution Inc. will be re-sold by me in the form of tangible property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay Tax, measured by the purchase price of such property. Description of said property to be purchased includes, but is not limited to the following:

Bags, Blades, Boxes, Brushes, Bubble/Cushioning Wrap, Carton Openers, Carton Sealing Machines, Carton Sizers, Dessicants, Drop (N) Tell, Foam Wrap, Glue & Gluers, Hand Printers, Heat Sealers, Humidity Indicating Cards, Industrial Sprays, Ink Solvents, Inks, Janitorial Supplies, Knives, Labels, Label Dispensers, Markers, Oilboards, Packing List Envelopes, Packaging Equipment, Packing Peanuts, Paper (Kraft Wrapping), Placards, Poly Bags, Poly Tubing, Printing Plates, Printing Dies, Ribbons-Thermal Transfer, Rollers, Safety Supplies, Security Seals, Staple Removers, Staples, Staplers, Stencils, Stencil Machines, Shrink Film, Shrink Tunnels, Strappings, Strapping Tools, Stretch Film, Stretch Film Wrapping Machines, Tags, Tape Dispensers, Tapes, Bag Sealing Tape, Ties, Tip (N) Tell, Wire and all other products used in marking, packaging and shipping.

 Print Name of Purchaser or Authorized Purchasing Agent and Title

 Signature

Date: _____

Phone: _____