

CONTAINER COMPLIANCE CORP
5151 DENISON AVENUE
CLEVELAND, OHIO 44102
(216) 961-0035

APPLICATION FOR CREDIT

NAME _____ TELEPHONE NUMBER _____ FAX NUMBER _____

BILLING ADDRESS _____ SHIPPING ADDRESS _____

CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____

___ CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP DATE STARTED _____

FEDERAL I.D. NUMBER _____

TYPE OF BUSINESS _____ TYPE OF PURCHASES _____

REQUESTED CREDIT LIMIT _____

ARE YOU A DIVISION OF OR RELATED TO ANY OTHER COMPANY? YES NO

IF YES, NAME OF COMPANY AND ADDRESS OF HOME OFFICE.
RELATIONSHIP _____

COMPANY CONTACT _____ PHONE # _____

COMPANY REFERENCES

	NAME	ADDRESS	TELEPHONE NUMBER
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT

SIGNATURE _____

DATE _____