



Industrial Fairway Supply/Meridian Packaging Credit Application

Company Name _____

Phone _____

Address _____

Fax _____

Date Established _____ Individual Prop _____

State of _____ Privately Held _____

Partnership _____ Corporation _____

State Sales Tax # _____ Subsidiary _____

Fed ID # _____

Address _____

Division _____ of _____

City _____ State _____ Zip _____

Nature of Business _____

President/CEO/Owner _____

Controller/CFO _____

Purchasing Manager _____

Accounts Payable _____

PLEASE INCLUDE FAX NUMBERS FOR ALL CREDIT REFERENCES

Bank References

Bank Name _____

Bank Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Bank Contact

Bank Contact

Name _____

Name _____

Phone _____ Fax _____

Phone _____ Fax _____

Demand a/c # _____ Demand a/c # _____

Demand a/c # _____ Demand a/c # _____

Loan a/c # _____ Loan a/c # _____

Loan a/c # _____ Loan a/c # _____

Trade References

Name _____

Name _____

Address _____

Address _____

Phone _____ Fax _____

Phone _____ Fax _____

Name _____

Name _____

Address _____

Address _____

Phone _____ Fax _____

Phone _____ Fax _____

I give my authorization for credit information to be released to Industrial Fairway Supply/Meridian Packaging Company.

Signed _____

Title _____

Company _____

Date _____

Please Fax to Attention: Account Recievable at 701-282-8411 or Give us a Call at 701-282-7822