



INTERNATIONAL PHARMA
PACKAGING & DISTRIBUTION

CREDIT APPLICATION

1300 Altura Rd. • Fort Mill, SC • 29708 • Phone 803/547-9200 • Fax 803/547-8511

GENERAL INFORMATION

CORPORATE BUSINESS/INDIVIDUAL LEGAL NAME: _____ **TEL. # ()** _____

BILLING ADDRESS: _____
Street Address/PO Box City State Zip

SHIPPING ADDRESS (if different:) _____
Street City State Zip

PERSON(S) RESPONSIBLE FOR ACCOUNTS PAYABLE: _____

NAME (S) OF PERSON (S) AUTHORIZED TO SIGN CHECKS: _____ **TELEPHONE NUMBER: ()** _____
 _____ **TELEPHONE NUMBER: ()** _____
 _____ **TELEPHONE NUMBER: ()** _____

TYPE OF BUSINESS: _____ **YEARS IN BUSINESS:** _____

ARE YOU INTERESTED IN: Pharma Packaging _____ Custom Packaging /Displays _____ Fulfillment or Distribution _____ Inventory Management/Storage _____

IPD BUSINESS DEVELOPMENT MANAGER CONTACT NAME: _____

ORGANIZATIONAL STRUCTURE

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

If a Corporation: **STATE & DATE OF INCORPORATION** _____
State MM/DD/YY

PARENT SUBSIDIARY DIVISION FOR-PROFIT NON-PROFIT

For Corporations & Partnerships: **TAX ID#** _____

Sole Proprietorship (Individuals): **EMPLOYER** _____ **TELEPHONE NUMBER: ()** _____
SIC CODE: _____

CORPORATE OFFICES/PARTNERS/OWNERS:

1. NAME: _____ **TITLE:** _____
ADDRESS: _____
Street Address/PO Box City State Zip
TELEPHONE NUMBER: () _____ **SS #:** _____ - _____ - _____

2. NAME: _____ **TITLE:** _____
NAME: _____ **TITLE:** _____
ADDRESS: _____
Street Address/PO Box City State Zip
TELEPHONE NUMBER: () _____ **SS #:** _____ - _____ - _____

3. NAME: _____ **TITLE:** _____
ADDRESS: _____
Street Address/PO Box City State Zip
TELEPHONE NUMBER: () _____ **SS #:** _____ - _____ - _____

If this is an individual account (sole prop.) Please list a previous address, and the name of your nearest relative not living with you.

ADDRESS: _____
Street Address/PO Box City State Zip

RELATIVE'S NAME: _____ **RELATIONSHIP:** _____

RELATIVE'S ADDRESS: _____ **TELEPHONE NUMBER: ()** _____
Street Address/PO Box City State Zip

SALES TAX INFORMATION

PURCHASES FOR RESALE (Non-taxable): Please complete Certificate of Resale and return with this form.

SC SALES / USE TAX REGISTRATION NUMBER: _____

FINANCIAL INFORMATION

PROJECTED SALES THIS YEAR \$ _____ **ARE PURCHASE ORDERS REQUIRED ?** YES NO

TOTAL SALES LAST YEAR \$ _____ **AUTHORIZED PURCHASERS:** _____

PROJECTED ANNUAL PURCHASES \$ _____

FINANCIAL STATEMENTS PREPARED BY : _____

Please attach your latest financial statements if applying for a credit line of more than \$10,000.00

BANK REFERENCES

1. **BANK NAME:** _____ **TELEPHONE NUMBER: ()** _____

ADDRESS: _____
Street Address/PO Box City State Zip

CONTACT PERSON: _____ **FAX NUMBER: ()** _____

ACCOUNT NUMBERS (S): _____

2. **BANK NAME:** _____ **TELEPHONE NUMBER: ()** _____

ADDRESS: _____
Street Address/PO Box City State Zip

CONTACT PERSON: _____ **FAX NUMBER: ()** _____

ACCOUNT NUMBERS (S): _____

TRADE REFERENCES *(please list vendors presently being used)*

1. _____ **TELEPHONE NUMBER: ()** _____ **FAX NUMBER: ()** _____
Name

Street Address/PO Box City State Zip Contact Person Acct. #

2. _____ **TELEPHONE NUMBER: ()** _____ **FAX NUMBER: ()** _____
Name

Street Address/PO Box City State Zip Contact Person Acct. #

3. _____ **TELEPHONE NUMBER: ()** _____ **FAX NUMBER: ()** _____
Name

Street Address/PO Box City State Zip Contact Person Acct. #

4. _____ **TELEPHONE NUMBER: ()** _____ **FAX NUMBER: ()** _____
Name

Street Address/PO Box City State Zip Contact Person Acct. #

5. _____ **TELEPHONE NUMBER: ()** _____ **FAX NUMBER: ()** _____
Name

Street Address/PO Box City State Zip Contact Person Acct. #

PLEASE SEE OTHER SIDE

TERMS OF AGREEMENT

Please Read Carefully

By signing below the individual, partnership or corporation whose name appears on the front of this document agrees to the following terms:

1. Account will be placed on credit hold if not paid within established terms.
2. Payment will be made in accordance with terms specified on each invoice.
3. Past due accounts will be subject to the terms of the account becoming prepaid, even if the amount due is within credit limit.
4. Finance charges will be charged on invoice not paid by the end of the month, at a rate of 1%, 12% annually.
5. There will be a \$25 service charges on all NSF checks. This service charge must be paid before future orders are released for shipment.
6. If two returned check are received within a six-month period, the customer will be required to pay by cashier's check, money order or cash on all future orders.
7. Any financial statements provided by the customer are true and accurate are for use by IPD in making a credit decision
8. The customer gives IPD authority to check all bank & vendor references,
9. Delinquent accounts may be turned over to a collection agency. If legal action is taken, legal fees and court costs are the responsibility of the debtor.
10. The customer will be responsible for reporting any changes in business structure to IPD in writing by certified or registered letter. This includes ownership and /or corporate name changes, address changes, etc. Without notification, the original owners will be held liable for any outstanding debt.
11. The applicant agrees to abide by IPD credit policies, which are subject to change at the discretion of management.
12. The customer grants permission for IPD or its agents to verify references listed on this credit application to make a credit decision. The bank, vendor or lending institution contacted has permission to supply IPD with all information requested. IPD also has permission to check individual accounts through reports obtained from the Credit Bureau, and to verify corporate accounts through other credit reporting sources.

Note. This application will not be processed without a signature! A faxed copy of this signature will be considered the original.

SIGNATURE OF CORPORATE OFFICER, ALL PARTNERS OR OWNERS

| | | |
|-----------------|-------------|------------|
| SIGNATURE _____ | TITLE _____ | DATE _____ |
| SIGNATURE _____ | TITLE _____ | DATE _____ |
| WITNESS _____ | TITLE _____ | DATE _____ |

FOR ACCOUNTING USE ONLY

| | |
|------------------------------|------------------------------|
| REFERENCES CHECKED BY: _____ | APPROVED BY: _____ |
| IPD'S ACCT. # _____ | TERMS: _____ |
| DATE: _____ | COMMENTS: _____ |
| DATE RE-EVALUATED _____ | APPROVAL _____ NEW CL: _____ |
| _____ | APPROVAL _____ NEW CL: _____ |