



Dear:

Company:

Please help us complete your credit application quickly and accurately by doing the following:

1. PRINT OR TYPE CLEARLY.
2. FILL OUT ALL THE REQUESTED INFORMATION.
3. STATE THE AMOUNT OF CREDIT BEING REQUESTED.
4. SIGN THE APPLICATION AND BANK FORM.

The more information you provide, the faster your application can be processed.

We treat your credit application as a very important part of servicing your account and thank you for your assistance. Please fax the completed forms to the attention of Janet Hartnett at 410-272-3159 and allow two weeks for processing. If unable to fax, please call Janet directly at 410-272-0090 x 6295 to arrange other method of delivery.

Sincerely,

# INDEPENDENT CAN COMPANY

1300 BRASS MILL RD BELCAMP, MD 21017-1211

410-272-0090 FAX 410-272-3159

## CREDIT APPLICATION FORM - PAGE 1

EXACT LEGAL NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DUNS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ YRS AT CURRENT ADDRESS: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ A/P EMAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

BUSINESS IS A: \_\_\_\_\_ INCORPORATED IN:  FEIN #: \_\_\_\_\_

Invoices should be sent via:  TO: \_\_\_\_\_

WEBSITE ADDRESS http:// \_\_\_\_\_ CREDIT LINE REQUESTED \$: \_\_\_\_\_

FINANCIAL STATEMENTS WILL BE FORWARDED SALES & USE TAX #: \_\_\_\_\_

BUYING LOCATIONS (PLEASE CHECK ALL THAT APPLY):

Belcamp MD  Ft Madison IA  Tolleson, AZ  Conneaut OH  Vandalia OH

PRINCIPAL: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ TITLE: \_\_\_\_\_

### AGREEMENT

Applicant understands that the seller will make its usual credit investigation and AUTHORIZES APPLICANT'S BANK TO RELEASE INFORMATION AS DESIRED BY INDEPENDENT CAN CO. This information will be used to establish adequate credit for the applicant. Payment of all amounts due as evidenced by the account shall be made no later than the due date indicated on each invoice under the heading "terms". Our terms are Net 30; any exception to these terms must be agreed to in writing. All late payments shall accrue interest at the highest rate permitted by law. In the event of any payment default by the applicant, Independent Can Co. may recover from the applicant its cost of collection, including all attorneys' fees and other expenses whether or not suit is filed.

Returned checks (NSF) are subject to a fee up to \$35.00 per check. Checks not repaid within thirty (30) days will be liable under § 15-802 of the Commercial Law Article (Maryland).

A copy of this credit application may be used as a Security Agreement for granting a secured interest in creditor's inventory and sales proceeds thereof.

The undersigned understands and agrees to the above terms and conditions.

NAME/TITLE (PRINTED): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# INDEPENDENT CAN COMPANY CREDIT APPLICATION FORM - PAGE 2

EXACT LEGAL NAME: \_\_\_\_\_

## COMMERCIAL REFERENCES

If you have your own form, please attach in place of this page. Provide at least four (4) references as not all vendors respond to reference requests. Complete all fields, especially the fax number. Only provide the contact information for those suppliers who have granted you credit in similar dollar amounts as you wish to establish with Independent Can Company. If credit terms are granted, your sales representative will notify you.

**REF # 1:** \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address \_\_\_\_\_ PHONE: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_ FAX: \_\_\_\_\_

**REF # 2:** \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address \_\_\_\_\_ PHONE: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_ FAX: \_\_\_\_\_

**REF # 3:** \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address \_\_\_\_\_ PHONE: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_ FAX: \_\_\_\_\_

**REF # 4:** \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address \_\_\_\_\_ PHONE: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_ FAX: \_\_\_\_\_

**REF # 5:** \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address \_\_\_\_\_ PHONE: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_ FAX: \_\_\_\_\_

**REF # 6:** \_\_\_\_\_ CONTACT: \_\_\_\_\_

Address \_\_\_\_\_ PHONE: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_ FAX: \_\_\_\_\_

THE BANKING REFERENCE FORM (PAGE 3) MUST ALSO BE COMPLETED AND RETURNED TO INDEPENDENT CAN COMPANY. IF YOUR BANK REQUIRES A SPECIAL FORM, IT CAN BE SUBSTITUTED FOR PAGE 3.

**INDEPENDENT CAN COMPANY**

1300 BRASS MILL RD BELCAMP, MD 21017-1211

410-272-0090 FAX 410-272-3159

**CREDIT APPLICATION FORM - PAGE 3**

Bank Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_  Does your bank charge a fee for references?

Signers Name: \_\_\_\_\_ Bank Accepts Inquiries By: \_\_\_\_\_



\_\_\_\_\_  
AUTHORIZED SIGNATURE

**FORM BELOW TO BE COMPLETED BY BANK ONLY**

Independent Can Company is requesting this information for the purpose of granting a commercial line of credit. Your reply will be held in strict confidence.

THANK YOU FOR YOUR PROMPT RESPONSE

DATE ACCOUNT OPENED: \_\_\_\_\_

CURRENT FUNDS ON DEPOSIT: \$ \_\_\_\_\_

AVERAGE DAILY BALANCE: \$ \_\_\_\_\_

NSF DRAFTS IN PAST 12 MONTHS: \_\_\_\_\_

This information is merely a matter of opinion and is provided without responsibility to the bank or the writer hereof.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

PLEASE RETURN TO:  
**INDEPENDENT CAN COMPANY**  
ATTN: JANET HARTNETT  
1300 BRASS MILL RD BELCAMP, MD 21017-1211  
**410-272-3159 FAX**