



Sunrise Packaging, Inc.
9937 Goodhue Street NE
Blaine, MN 55449-4433

Business Credit Application

Date:	Sales Tax Exempt # (Copy Request):	Federal Tax ID #	Max Credit Applied For:		
Full Business Legal Name:			DBA:		
Address:			City:		
State:	Zip Code:	Country:			
Phone # : ()		Fax # : ()			
Purchasing Contact:			E- Mail Address:		
A/P Contact:			E-Mail Adress:		
Type of Business: Corporation: () Partnership: () Proprietorship: ()		SIC Code:	Year Business was founded:		
Annual Sales:		Number of Employees:			
Company President's Name or Owners of the Business:					
Bank Affiliation Address:			Authorized Signature for the Release of Bank Information:		
Bank Account #:		Bank Phone # () Bank Contact:		Bank Fax #: ()	
Business References					
Company Name / Address	City	State	Zip Code	Phone #	Fax #
1.					
2.					
3.					
4.					
5.					
I agree to pay the entire debt that I (we) shall incur on any purchase on open account which may be granted to me, plus all collection costs and attorneys fees, plus any finance charge which may be imposed in accordance with the terms this credit agreement and disclosure statement which by this reference is incorporated into this agreement.					
Type or Print Name:			Signature		