

## Sunrise Packaging, Inc.

9937 Goodhue Street NE

Blaine, MN 55449-4433

Direct Dial: (763) 785-2505 ♦ Toll Free: (800) 634-8160 ♦ Fax: (763) 785-2210

### Business Credit Application

| Date:   | Sales Tax Exempt # (Copy Req):        | Federal Tax ID #:   | Max Credit Applied for: |         |       |
|---|---------------------------------------|---|-------------------------|---------|-------|
| Full Business Legal Name:   |                                       | DBA:  |                         |         |       |
| Address:  |                                       |   |                         |         |       |
| City:   | State:                                | Country:  | Zip Code:               |         |       |
| Phone #: (    )   |                                       | Fax #: (    )   |                         |         |       |
| Purchasing Contact:   |                                       | E-mail Address:   |                         |         |       |
| A/P Contact:  |                                       | E-mail Address:   |                         |         |       |
| Type of Business: Corporation (    )<br>Partnership (    )<br>Proprietorship (    )   | SIC Code:                             | Year Business was Founded:                                |                         |         |       |
| Annual Sales:   |                                       | Number of Employees:                                      |                         |         |       |
| Company President's Name Or Owners of the Business:   |                                       |   |                         |         |       |
| Bank Affiliation:<br>Address:   |                                       | Authorized Signature for the Release of Bank Information: |                         |         |       |
| Bank Account #:   | Bank Phone #: (    )<br>Bank Contact: | Bank Fax #: (    )  |                         |         |       |
| Business References   |                                       |   |                         |         |       |
| Company Names / Addresses   | 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 of this credit agreement and disclosure statement which by this reference is incorporated into this agreement. |                                       |   |                         |         |       |
| Print or Type Name  |                                       |   | Signature               |         |       |

**Please return via fax: (763) 785-2210 Attn: Sandy Callison**