



Credit Application

Individual or Company Legal
Name_____

Street Address_____

City_____ State_____

Zip_____

Phone_____

Fax_____

Corporation Limited Partnership Partnership Individual

Names of Owners, Officers, or Partners:

Title_____

Title_____

Title_____

Federal Tax ID#_____

Dun & Bradstreet#_____

Expected monthly credit required from Page International
\$_____

Contact person for
Accounts Payable _____

Phone _____

Fax _____

Specific Instructions/Requirements for Page International invoicing procedures:

BANK (CHECKING ACCOUNT)

Name of Bank _____

Name of Bank Official _____

Address _____

Account
Number _____

Phone _____

Fax _____

BUSINESS REFERENCES

Name _____

Phone _____

Fax _____

Contact Name _____

Address _____

Name _____

Phone _____

Fax _____

Contact Name _____

Address _____

Name _____

Phone _____

Fax _____

Contact Name _____

Address _____

Application is hereby made and references given. It is understood that this particular information will be held in complete confidentiality and used only by the credit department of Page International, Inc.. If approved, I hereby agree to the credit terms of Net 30 days.

Signed _____

Title _____

Date _____

Please fax completed application to 912-965-1225. Also please mail original to:

Page International, Inc.
Attn: Credit Dept.
21 Chatham Center South Drive
Savannah, GA 31405