



NATIONAL CONTAINER SALES LLC.  
550 MONTGOMERY ST., STE 484  
SAN FRANCISCO, CA 94111  
Ph. (866) 750-4627  
Fx. (866) 620-0677  
accounting@nationalcontainersales.com

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### CREDIT APPLICATION AND CUSTOMER INFORMATION SUMMARY

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Legal Company Name: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Duns#: \_\_\_\_\_ Resale#: \_\_\_\_\_  
(Must provide certificate)

Corporation    State of Incorporation: \_\_\_\_\_ Years in business: \_\_\_\_\_

Partnership     Limited Liability Co. (LLC)     Sole Proprietorship

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### TRADE REFERENCES

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1.) Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2.) Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3.) Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### FINANCIAL INSTITUTION

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Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby certify that the information provided above is true and correct. I further authorize NATIONAL CONTAINER SALES LLC. to verify the information provided above and or to gather additional information by obtaining data from credit reporting agencies. The bank referenced above is also authorized to release information to NATIONAL CONTAINER SALES LLC regarding account history.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_