



**O.A.P.**  
Packaging, Inc.

*"The Packaging Specialists"*

7014 Manya Circle  
San Diego, CA 92154  
619-423-4993  
FAX 619-423-4242  
www.oappkg.com  
info@oappkg.com

Slsp \_\_\_\_\_

**CREDIT APPLICATION**

**Firm Name** \_\_\_\_\_

**If Corporation, full name of Corporation** \_\_\_\_\_

**Date Established** \_\_\_\_\_ **Resale Cert. #** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**Ownership Data:**

**Individual** \_\_\_ **General Partnership** \_\_\_ **LLC** \_\_\_ **Corporation** \_\_\_ **Limited Partnership** \_\_\_

**Owners/Officers**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Bank Reference:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Type of Account** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Type of Account** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Business References:**

**Company Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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Office Use Only:

Date \_\_\_\_\_ Credit Terms \_\_\_\_\_ Amount \_\_\_\_\_ Approved by \_\_\_\_\_



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## AUTHORIZATION TO RELEASE CREDIT INFORMATION

Due to the tightening of regulations in revealing credit information, banks are now requiring written authorization from their depositors for release of any information in regards to their account.

Please fill out and sign this bank authorization and fax it back to our credit department promptly at (619) 423-4242. The information provided will be held in strict confidence.

Thank you,

Credit Department  
O.A.P. Packaging, Inc.

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For the purpose of establishing credit with O.A.P. Packaging, Inc., I hereby authorize the release of the information below concerning our bank account(s).

Company\_\_\_\_\_

Bank Name\_\_\_\_\_

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

Account Number\_\_\_\_\_ Type of Account\_\_\_\_\_

Account Number\_\_\_\_\_ Type of Account\_\_\_\_\_

Authorized Signature\_\_\_\_\_

Print Name and Title\_\_\_\_\_

Date\_\_\_\_\_