



the complete package

# NEW ACCOUNT FORM

(please print clearly)

1. **COMPANY INFO**      Company Name \_\_\_\_\_  
 Parent, Sister or Partner Company \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Cell \_\_\_\_\_  
 AP Contact \_\_\_\_\_ AP Phone \_\_\_\_\_  
 AP email \_\_\_\_\_

2. **Type of Business**      \_\_\_\_\_ Corp      \_\_\_\_\_ Partnership      \_\_\_\_\_ Individual Owner

3. **BANK REFERENCE**      Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

4. **TRADE REFERENCES** (Name and address of firms with whom currently doing business)

A. Company Name \_\_\_\_\_  
 Address, city, state, zip \_\_\_\_\_  
 Fax \_\_\_\_\_ Phone \_\_\_\_\_  
 HIGH CREDIT OBTAINED \_\_\_\_\_ When \_\_\_\_\_

B. Company Name \_\_\_\_\_  
 Address, city, state, zip \_\_\_\_\_  
 Fax \_\_\_\_\_ Phone \_\_\_\_\_  
 HIGH CREDIT OBTAINED \_\_\_\_\_ When \_\_\_\_\_

C. Company Name \_\_\_\_\_  
 Address, city, state, zip \_\_\_\_\_  
 Fax \_\_\_\_\_ Phone \_\_\_\_\_  
 HIGH CREDIT OBTAINED \_\_\_\_\_ When \_\_\_\_\_

5. **Years in Business** \_\_\_\_\_ **Estimated Annual Sales** \_\_\_\_\_

I give approval for Inovar Packaging Group to request information about our firm. If credit is not approved, I will be notified.

Signature \_\_\_\_\_ Title \_\_\_\_\_

<b>Inovar use only</b>	Sales _____	CSR _____	Market _____
	Cust # _____	Territory _____	Analysis _____
			Terms _____

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