

# Application for Credit

Pro Pac Labs, Inc.  
P.O. Box 9691  
3804 South Airport Road  
Ogden, UT 84405  
(801) 621-0900  
Fax (801) 621-0930

Business Name: \_\_\_\_\_  
Address: P.O. Box \_\_\_\_\_ Type of Organization:  
Street \_\_\_\_\_ Individual \_\_\_\_\_  
City \_\_\_\_\_ Partnership \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Corporation \_\_\_\_\_  
Phone Number \_\_\_\_\_ Taxpayer ID Number \_\_\_\_ - \_\_\_\_\_  
Fax Number \_\_\_\_\_ Name of Person Responsible for Purchasing:  
Date Business Established \_\_\_\_\_  
Approximate Annual Sales \_\_\_\_\_ Name of Person Responsible for Payment:  
\_\_\_\_\_

If Proprietorship, give name of owner; if Partnership, list names of all partners; if Corporation, list names of officers.

<u>Name</u>	<u>Address</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## Bank References

Name: \_\_\_\_\_ Account # \_\_\_\_\_ C S  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name: \_\_\_\_\_ Account # \_\_\_\_\_ C S  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

C - Checking                      S - Savings

