

**CUSTOMER FINANCIAL AND CREDIT REFERENCES**

Credit references should be companies with which you have accounts and terms of similar size and conditions as those being requested from The Platinum Packaging Group. Please complete the form below and return to our Accounting Department at: [invoicing@platinumpkggroup.com](mailto:invoicing@platinumpkggroup.com).

**Bank Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Creditor 1:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Current Terms:** \_\_\_\_\_ **Current Limit:** \_\_\_\_\_ **Current Balance:** \_\_\_\_\_

**Creditor 1:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Current Terms:** \_\_\_\_\_ **Current Limit:** \_\_\_\_\_ **Current Balance:** \_\_\_\_\_

**Creditor 1:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Current Terms:** \_\_\_\_\_ **Current Limit:** \_\_\_\_\_ **Current Balance:** \_\_\_\_\_

**Terms and Credit Limit Requesting from The Platinum Packing Group:**

**Terms Requested:** \_\_\_\_\_ **Credit Limit (\$):** \_\_\_\_\_

**Order Frequency:** \_\_\_\_\_ **Initial Order (\$):** \_\_\_\_\_

(Please provide a predetermined amount and specify whether weekly, monthly, or annually.)

**We/I currently maintain an Annual Sales Volume of:** \_\_\_\_\_

**Authorized Signature**

I certify that I am a representative of the above referenced company authorized to release the above information to The Platinum Packaging Group. To the best of my knowledge all information provided above is correct. I hereby authorize The Platinum Packaging Group to check references and other pertinent data.

**Authorized Person:** \_\_\_\_\_

(Printed Name)

(Title)

\_\_\_\_\_

(Signature)

(Date)

**For Office Use Only:**

PPG Sales Representative: \_\_\_\_\_ Customer No. \_\_\_\_\_ Initial Terms: \_\_\_\_\_