



ALLSTATE CAN CORPORATION

ONE WOOD HOLLOW ROAD • PO BOX 5607 • PARSIPPANY, NJ 07054-6607

PHONE: (973) 560-9030 • FAX: (973) 560-9217

CREDIT APPLICATION

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Bill to Name:

Address:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Fax Number: ()

Accounts Payable Contact:

Years in Business:

Business Structure: Corporation Partnership Individual Limited Partnership D & B Rating

List below Name of Corporate Officers, Partners, or General Partners, if applicable:

NAME	TITLE	ADDRESS	CITY	STATE	ZIP CODE
1					
2					
3					

IN THE SPACE PROVIDED BELOW, PLEASE LIST ONE BANK REFERENCE AND THREE OF YOUR LARGEST TRADE REFERENCES. YOU MAY ATTACH YOUR STANDARD REFERENCE LIST IN LIEU OF COMPLETING THIS SECTION.

Bank Name:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Fax Number: ()

Account Number:

Contact Name:

Name:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Fax Number: ()

Account Number:

Contact Name:

Name:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Fax Number: ()

Account Number:

Contact Name:

Name:

Address:

City:

State:

Zip Code:

Telephone Number: ()

Fax Number: ()

Account Number:

Contact Name:

PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM

I understand and will abide by the regulations listed below:

1. Notify Allstate Can Corporation of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within terms listed on face of invoice.
3. It is agreed that our company will pay 2% per month (annual rate of 24%) for all past due balances.
4. It is agreed that our account will become C.O.D. if we fail to pay invoices within the above stated terms.
5. Our company's financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgments against our company at the present time. If our company defaults on payment of any outstanding invoices, we agree to pay attorney and/or collection expenses, plus Court costs.
7. By signing this application, I authorize Allstate Can Corporation and/or its agents to investigate personal credit and financial records, including banking records.
8. Have read and agree to abide by the Allstate Can Corporation Terms and Conditions.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis.

Signature:

Title:

Name (Please Print):

Date:

_____ As part of our credit processing procedure, we may contact your bank. Please complete this section, which authorizes your bank to release the necessary credit

I HEREBY AUTHORIZE OUR BANK TO RELEASE INFORMATION REQUESTED BY ALLSTATE CAN CORPORATION.

Authorized Signature:

Title:

Name (Please Print):

Date: