



NEW ACCOUNT FORM

(please print clearly)

1. **COMPANY INFO** Company Name _____

BILLING / MAILING Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____ Email address _____

How did you hear about us? _____

SHIPPING Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____ Cell _____

2. **PARENT COMPANY / CORPORATE INFO** Company Name _____

Parent/Corp Contact _____ Parent/Corp Phone _____

3. **Type of Business** _____ Corp _____ Partnership _____ Individual Owner _____

4. **BANK REFERENCE** Name _____ Account # _____

Bank Address _____

Phone _____ Fax _____

5. **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 _____

6. **Years in Business** _____ **Expected 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 _____

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