

▲ TRIANGLE PACKAGE MACHINERY COMPANY
 6555 West Diversey Avenue
 Chicago, IL 60707
 Phone(773)-889-0200 Fax (773)-889-4221

Note:
 Please Fax all forms back to:
 (773)-889-4221
 PLEASE INDICATE ONE:
 PARTS DEPARTMENT
 SALES DEPARTMENT

COMPANY INFORMATION

Company Name: _____	DBA or AKA: _____
Contact Person: _____	Accounts Payable: _____
Telephone Number: _____	Fax Number: _____
Business Address: _____	City: _____ State/Zip: _____
Billing Address: _____	
Year in Business: _____	
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Federal Tax ID #: _____	Reseller Permit#: _____
Proprietorship (Name of Owner) _____	

BANK INFORMATION

Bank Name: _____	Account #: _____
Contact Person: _____	Account Open Date: _____
Telephone#: _____	Fax #: _____
Bank Address: _____	
City, State, Zip _____	

TRADE REFERENCE (MAJOR SUPPLIER NAME)

1 Company Name: _____	Contact Person: _____
Telephone #: _____ Fax # _____	Terms: _____ Credit Limit: _____
Address: _____	City: _____ State/Zip: _____
2 Company Name: _____ Fax # _____	Contact Person: _____
Telephone #: _____	Terms: _____ Credit Limit: _____
Address: _____	City: _____ State/Zip: _____
3 Company Name: _____	Contact Person: _____
Telephone #: _____ Fax # _____	Terms: _____ Credit Limit: _____
Address: _____	City: _____ State/Zip: _____

I/We hereby apply to Triangle Package Machinery Company to obtain Credit or Reconfirmation of our existing account. The undersigned gives and grants Triangle Package Machinery Company permission to verify all information stated herein. I/We hereby agree that all credit granted and/or extended shall be repaid in a timely fashion. I certify that all the information provided above is correct.

Authorized by (Print): _____ (Sign): _____ Date: _____