



Full-Pak Bulk Containers
 Av. El Bosque Norte 500, 14th Floor
 Las Condes, Chile
 Telephone: 562 630 1250, Fax: 562 630 1281

FOR INTERNAL USE ONLY:

Branch:

Days:

Credit:

**** PLEASE FILL OUT EVERY FIELD ON THIS PAGE IN TYPED LETTERS. DO NOT HAND WRITE.
 ** UPON COMPLETION PLEASE PRINT, SIGN BELOW, AND EMAIL SCANNED VERSION OF DOCUMENT TO
 ACCOUNT MANAGER WITH COPY TO FINANCE@FULLPAK.COM.
 ALTERNATIVELY, DOCUMENT CAN BE SENT VIA FAX TO LOCAL ACCOUNT MANAGER.**

COMMERCIAL CREDIT APPLICATION			
Company Name (Exactly how it should appear on invoices):			
Legal Address (for invoicing purposes) :			Tax ID N°:
City:	State:	Zip Code:	Country:
Web site:	Phone:		Fax:
Corporate Officer: Name		Title:	Email Address:
Commercial Contact: Name		Title:	Email Address:
Invoicing Contact (Person that Receives Invoices):		Email:	Phone:
Treasury Contact (Person who pays invoices):		Email:	Phone:
1.Credit Reference:	Address	Phone	Contact
2.Credit Reference:	Address	Phone	Contact

FINANCIAL INFORMATION
Organization Type (Co., Ltd. Or Other. Trader, supermarket, distributor, etc. Please explain):
Assets Estimation (Description and Estimated Amount in USD):
Last Year's Annual Sales (In USD):
Last Year's Net Result (In USD):

Account Manager:	Client Representative's Name and Title:
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 Account Manager's Signature

 Client Representative's Signature