



**ALLIANCE PACKAGING**  
1000 SW 43rd Street  
Renton, WA 98057  
425-291-3500  
FAX 425-291-3465

**ALLIANCE PACKAGING**  
23035 NW Jacobson Road  
Hillsboro, OR 97124  
503-641-9220  
FAX 503-531-5638

**DIE TECHS**  
1000 SW 43rd Street  
Renton, WA 98057  
425-291-3525  
FAX 425-291-3517

**ECONOBOX**  
1000 SW 43rd Street  
Renton, WA 98057  
425-291-3600  
FAX 425-251-4288

**FLEXO TECHS**  
1000 SW 43rd Street  
Renton, WA 98057  
425-291-3599  
FAX 425-291-3598

**SPOKANE PACKAGING**  
3808 N Sullivan Road  
SIP Bldg. #21  
Spokane, WA 99216-1608  
509-924-7623  
FAX 509-922-3055

CUST#: \_\_\_\_\_  
SALES: \_\_\_\_\_  
CREDIT: \_\_\_\_\_  
TERMS: \_\_\_\_\_

**CREDIT APPLICATION**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**INVOICING INFORMATION**

**SHIPPING INFORMATION**

BILL TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
**WOULD YOU LIKE ELECTRONIC INVOICING?**  NO  YES  
IF YES, E-MAIL: \_\_\_\_\_

SHIP TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHECK ALL THAT APPLY**

- CALL BEFORE DELIVERY
- DOCK DELIVERY
- RESIDENTIAL DELIVERY
- NO DOCK
- LIFTGATE REQUIRED
- \_\_\_\_\_
- FORKLIFT AVAILABLE
- 48FT TRAILER
- 32FT TRAILER
- 24FT BOX WITH LIFTGATE

**PRINCIPALS**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

**BANK INFORMATION**

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
CONTACT/OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**WASHINGTON CUSTOMERS PLEASE INCLUDE A COPY OF YOUR WASHINGTON STATE RESELLERS PERMIT. IDAHO CUSTOMERS PLEASE ATTACH A COMPLETED ST-101 IDAHO SALES TAX EXEMPTION FORM.**

WASHINGTON RESELLER NO.:

**LOCAL TRADE REFERENCES**

NAME	PHONE	FAX
1.		
2.		
3.		

**SERVICE CHARGES**

All Payments are due in accordance with the terms of sales as set forth on the invoice. If the purchaser fails to make payments when due, purchaser shall pay a service charge on the unpaid balance at the end of each month at the monthly rate of 2%. In consideration of ALLIANCE PACKAGING LLC, DIE TECHS, ECONOBOX, FLEXO TECHS, and/or SPOKANE PACKAGING and its division's sale of goods and the extension of credit to the above named individual/firm, all at the discretion of ALLIANCE PACKAGING LLC, DIE TECHS, ECONOBOX, FLEXO TECHS, and/or SPOKANE PACKAGING and its divisions, the undersigned, (1) hereby certifies to the accuracy of the statements set forth in this application; (2) agrees to pay the service charge set forth above and all collection costs and attorney's fees in the event this account must be placed in the hands of an attorney for collection, and if suit action is necessary, venue will be in the county that ALLIANCE PACKAGING LLC, DIE TECHS, ECONOBOX, FLEXO TECHS, and/or SPOKANE PACKAGING and its divisions resides; and (3) authorizes ALLIANCE PACKAGING LLC, DIE TECHS, ECONOBOX, FLEXO TECHS, and/or SPOKANE PACKAGING and its divisions to investigate the references listed pertaining to credit and financial responsibility. This application covers all divisions of ALLIANCE PACKAGING LLC, DIE TECHS, ECONOBOX, FLEXO TECHS, and/or SPOKANE PACKAGING.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_