



4055 Oceanside Blvd Ste L  
Oceanside CA 92056

Toll Free: 800/544-7257  
Toll Fax: 800/577-3725

**CUSTOMER CREDIT APPLICATION**

Thank you for your interest in obtaining credit with PrePak Products, Inc. Please provide the following information.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (w/area code) Fax Number (w/area code)

Is this a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship  
Is this a: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Supplier  
Number of Years in Business: \_\_\_\_\_  
Will Purchase Order #'s be required \_\_\_\_\_

**Financial Information:**

Main Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Bank Officer/Department: \_\_\_\_\_

**Trade References: We must be able to obtain credit information from these companies  
(Please no Utility or Credit Card Companies)**

Company Name/Address	Account #	FAX #
Company Name/Address	Account #	FAX #
Company Name/Address	Account #	FAX #

*The Healthcare Professional hereby affirms that the information provided above is true and correct to the best of their knowledge and agrees that PrePak Products, Inc or it's appointees may conduct a credit investigation by contacting the credit center or the above mentioned bank and trade references. The Healthcare Professional also acknowledges that this is in no way an offer or extension of credit. The Healthcare Professional further recognizes that his /her credit may be revoked at any time by PrePak Products, Inc. for non-payment of bills as they come due, or any misleading information given on this form.*

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Printed Name Title Date