



Customer Credit Application

Customer No. _____
Credit Line \$ _____
Approved By _____
Date ____/____/____
SP _____
RDA Terms are Net 30 Days.
Do not write in this box.

Business Name _____
 Street Address _____
 City, State Zip _____
 Phone No. ____-____-____ Fax No. ____-____-____
 E-mail _____

Type of Ownership (Circle one) Individual Partnership Corporation Subsidiary Branch

Bank References

- Bank Name _____ Branch _____ Account No. _____
 Address _____ City _____ State ____ Zip _____
 Contact person _____ Phone No. ____-____ Fax No. ____-____
- Bank Name _____ Branch _____ Account No. _____
 Address _____ City _____ State ____ Zip _____
 Contact person _____ Phone No. ____-____ Fax No. ____-____

Major Trade References

- Company Name _____
 Street Address _____ City _____ State ____ Zip _____
 Contact person _____ Phone No. ____-____ Fax No. ____-____
- Company Name _____
 Street Address _____ City _____ State ____ Zip _____
 Contact person _____ Phone No. ____-____ Fax No. ____-____
- Company Name _____
 Street Address _____ City _____ State ____ Zip _____
 Contact person _____ Phone No. ____-____ Fax No. ____-____

Estimated Yearly Purchase with RDA Container Corporation \$ _____
 Previous RDA Customer? YES NO

Additional Comments:

I authorize the above named references to release credit information to RDA Container Corporation.

Signature _____ Date ____/____/____
 Name (Please Print) _____ Title _____