

Commercial Credit Application



Please scan/fax completed forms:

Attention Mark McPhail

mark@bestpackagingsystems.com

Fax: 905.864.6245

Any questions? Please call 1-877-484-4440

Company Name: _____	
Address: _____	
City: _____	Postal Code: _____
Phone: _____	Fax: _____

Business Type: Sole Proprietor Partnership Corporation

How many years in business: _____ BIN Number: _____

Person to Contact Regarding Purchase Orders & Invoices	
Name: _____	Title: _____
Phone: _____	Email: _____

Bank Reference	Title & Phone Number
_____	_____
_____	_____

Trade References: Company Name, Contact/Title & Phone Number	
1	_____
2	_____
3	_____



Best Packaging Systems Inc
8699 Escarpment Way, Unit 1
Milton, ON L9T 0J5

SIGNED _____
TITLE _____
DATE _____

Celebrating 25 Years Beyond Expectation