



SONOCO PRODUCTS COMPANY
P.O. BOX 160
Hartsville, SC 29550

Phone:

Fax:

APPLICATION FOR CREDIT

This information is submitted to Sonoco Products Company for consideration as a basis for the extension of credit to us:

Company: _____

Billing Address (Street): _____

City/State: _____

Phone Number: _____ Fax: _____

Years in Business: _____

Duns Number and or Social Security Number: _____

Check One

Corporation

Joint Venture

Individual Owned

Limited Partnership

State of Incorporation: _____

Amount of Credit Requested: _____

Bank Reference: _____

Contact and Fax No.: _____

Account Number: _____

| Supplier References: | Contact | Telephone | Fax |
|----------------------|---------|-----------|-----|
| Name | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms: 1%-10, net 30 days.

Firm Name _____

By _____
(Title)

By _____
(Title)

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financials.