Credit Application

To open an account, complete this application and fax it to 1-800-482-4059.

Company Name:	
Mailing/Billing Address:	Shipping Address:
Phone:	Phone:
Fax:	Fax:
Company Category: ☐ Molder ☐ Extruder ☐ Mold I	Maker □ Distributor □ Other
Type of Business: ☐ Corporation ☐ Partnership ☐ S	Sole Proprietorship Personal
Please check all purchasing options that are accepted/used	by your company:
☐ Purchase Order Numbers ☐ Verbal Purchase Orders	□ Credit Cards □ Other
Federal ID No./SS No.:	Dun & Bradstreet No.:
Sales Tax No.:	
Date Business Established:	
President:	
Buyer:	
Accounts Payable Contact:	Accounts Payable Fax:
Name of Financial Institution:	
	Fax:
	IC RESIN SUPPLIERS AS REFERENCES**
Name of Business Reference: (NO PLASTIC RESIN SUPPLIERS)	
Address:	
	Fax:
Name of Business Reference: (NO PLASTIC RESIN SUPPLIERS)	
Address:	
	Fax:
	Fax:
information you have provided above will be used by us to a subject to credit approval and are due and payable, in U.S.	
Authorized Signature:	Date:
-	
	EASE DO NOT WRITE IN THIS BOX References Checked: Approved

