

Name/Address	<u>Last:</u>	<u>First:</u>	<u>Email:</u>	<u>Title:</u>
	Business Name:			Federal Tax ID:
	Address:			Credit: \$
	City:	State:	Zip:	Phone:

Company Information	Type of Business:		In Business Since:	
	Legal Form Under Which Business Operates:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
	<u>If Division/Subsidiary, Name of Parent Company:</u>			
	<u>AP Contact:</u>	<u>Email:</u>	<u>Phone:</u>	
	State Resale ID #:	City Resale ID #:	Please Furnish Copies of All Resale Certificates	

Bank References	<u>Institution Name:</u>	<u>Institution Name:</u>	<i>For PDM Use Only</i>
	<u>Checking Account #:</u>	<u>Checking Account #:</u>	
	<u>Address:</u>	<u>Address:</u>	
	<u>Phone:</u>	<u>Phone:</u>	

Trade References	Company:	Company:	Company:
	Contact:	Contact:	Contact:
	Email:	Email:	Email:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Account Open Since:	Account Open Since:	Account Open Since:
	Credit Limit:	Credit Limit:	Credit Limit:
	Current Balance:	Current Balance:	Current Balance:
Avg. Days to Pay:	Avg. Days to Pay:	Avg. Days to Pay:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in the credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature	
<i>Signature</i>	
<i>Name and Title</i>	
<i>Date</i>	

Return Credit Application to deem@plasticsdesign-mfg.com