



CREDIT APPLICATION

APPLICANT'S NAME AND ADDRESS

Business Name: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Accounts Payable / Contact Person: _____

Phone: (____) _____ Email Address: _____

GENERAL INFORMATION

Type of Business: _____ Proprietorship Partnership Corp

Federal ID#: _____ DUNS#: _____ If Incorporated, Date: _____ State: _____

Owns Premises Rents Premises No. of Years at Premises _____ No. of Years in Business _____

Requested credit line: _____ *If more than \$25,000 is requested, please forward a copy of your most recent financial statement*

Total Annual Sales: _____ Purchase Order Required: YES NO

Authorized Buyers: _____ TERMS: Net 30 unless otherwise agreed upon

INFORMATION ON OFFICERS OR OWNERS OF COMPANY

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRADE REFERENCES

1) Company Name: _____

Address: _____

Contact Person: _____

Phone: (____) _____ Fax: (____) _____

2) Company Name: _____

Address: _____

Contact Person: _____

Phone: (____) _____ Fax: (____) _____

3) Company Name: _____

Address: _____

Contact Person: _____

Phone: (____) _____ Fax: (____) _____

CREDIT APPLICATION (continued)

COMPANY BANK INFORMATION

Name of Bank: _____
Address: _____ City: _____ State: _____ Zip: _____
Account #: _____ Contact: _____
Phone: () _____ Fax: () _____

TERMS

I represent and warrant on behalf of the Applicant and its Principals that the information contained herein is true, complete and correct as of the date hereof and that I am authorized to complete, execute and deliver this Credit Application to Peninsula Plastics Recycling, Inc..

I hereby authorize Peninsula Plastics Recycling to obtain such credit reports or other information as may be deemed necessary in connection with establishment and maintenance of a credit account or for any other direct business requirements.

I also agree to pay within terms (net 30 unless otherwise agreed upon) or a service charge of 2% per month will be charged for all payments once they become past due.

If collection actions are initiated, I agree to be responsible for all attorney and legal fees associated with collecting the late payments.

Authorized by Officer or Partner:

NAME (*print*): _____ DATE: _____

SIGNATURE: _____ TITLE: _____