



VALUE PLASTICS®, INC.

APPLICATION FOR CREDIT ACCOUNT

THIS FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR OPEN CREDIT TERMS. THANK YOU.

Company Name: _____

Dunn & Bradstreet No: _____ Resale Certificate No: _____

Parent Company Name (if any): _____

Billing Address: _____

City: _____ County: _____ State: _____ Zip: _____ Country: _____

Shipping Address: _____

City: _____ County: _____ State: _____ Zip: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Date Established: _____ Corp: () Partnership: () Proprietorship: ()

Type of Business: _____

Accounts Payable Contact: _____

A/P Phone No: _____ A/P Fax No: _____ A/P E-Mail: _____

Purchasing Contact: _____

Purchasing Phone No: _____ Purchasing Fax No: _____ Purchasing E-Mail: _____

TERMS OF ACCOUNT

TERMS: NET 30 DAYS FROM INVOICE DATE. ALL PAYMENTS MUST BE RECEIVED BY VALUE PLASTICS BY THE DUE DATE AS STATED ON INVOICES. INVOICES ARE PAST DUE AFTER 31 DAYS.

Value Plastics Quality Policy: Value Plastics, Inc. is committed to providing superior quality products and services by adhering to a quality management system that benefits our customers, employees and shareholders.

FOR VALUEPLASTICS' USE ONLY

Application Reviewed By
Credit Application Approved? : _____ Yes _____ No _____ If no, reason: _____

Date: _____

Customer ID#: _____