



# CREDIT APPLICATION

LEGAL NAME: _____	SHIPPING ADDRESS: _____
TRADE NAME(S): _____	CITY: _____
MAILING ADDRESS: _____	STATE: _____ ZIP: _____
CITY: _____	PHONE: _____
STATE: _____ ZIP: _____	FAX: _____
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP.	E-MAIL: _____

**COMPLETE THE FOLLOWING INFORMATION FOR CORPORATE OFFICERS, PARTNERS OR INDIVIDUAL PROPRIETOR**

NAME AND TITLE: _____	NAME AND TITLE: _____
HOME ADDRESS: _____	HOME ADDRESS: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
HOME PHONE #: _____	HOME PHONE #: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY #: _____

IN BUSINESS SINCE: _____	LINE OF BUSINESS: _____
AMOUNT OF CREDIT DESIRED: _____	STATE TAX EXEMPTION #: _____

NAME OF BANK: _____	OFFICER: _____
MAILING ADDRESS: _____	ACCOUNT NUMBER(S): _____
CITY: _____	PHONE: _____
STATE: _____ ZIP: _____	FAX: _____

**TRADE REFERENCES - COMPLETE ADDRESS MUST BE FURNISHED - preprinted credit references are acceptable.**

**1** COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**2** COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**3** COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTANCE - We have read and understand the terms and conditions of International Plastics, Inc. These terms must have an authorized signature before credit will be established.