

185 Commerce Center | Greenville | South Carolina | 29615-5817 | p 800.820.4722 | f 864.297.7186 | www.InterPlas.com

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.