



Customer ID:

CREDIT APPLICATION

Please complete this form in its entirety to expedite the set-up of your account.

SECTION I – BUSINESS CONTACT INFORMATION

| | | |
|---|---------------------------------------|---|
| Legal Entity: | | |
| DBA (if applicable) | | |
| Corporation: <input type="checkbox"/> | Partnership: <input type="checkbox"/> | LLC: <input type="checkbox"/> Other: <input type="checkbox"/> |
| Phone: | Website: | Year Started in Business: |
| Legal Company Address: | | |
| City: | State: | ZIP Code: |
| Billing Address (if different from above): | | |
| Headquarter Address (if different from above): | | |
| Do you require your invoice to state LBS in KGS: | | |
| Do you require a PO# on your invoices: (any additional instructions?) | | |
| Subsidiary of: | | Division of: |
| State sales tax resale No: <i>(Please attach copy of certificate) Most of our supplier base insists we obtain a copy of our customer Resale Certificates</i> | | Will payment be made from a US bank account: |
| APPROVAL BASED UPON CREDIT REVIEW | REQUESTED CREDIT LIMIT: \$ | <i>Once approved standard terms are Net 30</i> |

| | |
|--|-------------------------------------|
| Contacts: | Email / Phone Number (Cell): |
| President: | |
| Vice-President: | |
| Purchasing Contact: | |
| A/P Mgr. or Controller: | |
| Invoices should be sent to: | |
| Additional name(s)/email(s) to receive invoices: | |

| | |
|---|---------------|
| Accounts Payable Contact for payment inquires: | Email: |
| Phone: Ext. | |

SECTION II

The undersigned hereby agrees that should a credit account be opened, in the event of default in payment of amount due, applicant agrees to pay any collection costs incurred during the collection process which may include lawyer fees and maximum interest charges allowed by purchaser's state. All billing disputes must be reported by the customer within 10 days of receipt. The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. Applicant has a continuing obligation to update the information provided and guarantee its accuracy. Applicant authorizes Chase Plastic Services to check all bank and other credit references of Applicant and disclose information regarding applicant's indebtedness to any bank or other grantor of credit. It is agreed upon that the approved credit limit or terms may be withdrawn with or without prior notice upon default in payment. **As an authorized representative of the company, I have acknowledged receipt of, read and accept the electronic version of Chase Plastic Services, Inc. "Conditions of Sale", which is located online at www.chaseplastics.com or in our customer handbook.**

| | | |
|------------------|--------------|-------------|
| X | | |
| Signature | Title | Date |

Print Name:



BUSINESS/TRADE REFERENCES
Please either attach references or list them below.

Please include E-MAIL ADDRESSES

Bank Name:

Bank address:

Phone:

City:

State:

ZIP:

Trade References (Please list at least 1 resin supplier):

Please either attach references or list them below. **Please include E-MAIL ADDRESSES**

| Supplier Name: | Contact: | Account # |
|----------------|----------------|-----------|
| Phone: | E-mail: | |
| Supplier Name: | Contact: | Account # |
| Phone: | E-mail: | |
| Supplier Name: | Contact: | Account # |
| Phone: | E-mail: | |
| Supplier Name: | Contact: | Account # |
| Phone: | E-mail: | |

"ECOA" The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age; (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity; Washington, D.C. 20580

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Chase Plastic Services, 800-232-4273, within 60 days from the day you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Please return the completed credit application to:

Debbie Sexton – Credit Manager

EMAIL:

dsexton@chaseplastics.com <mailto:rnazarko@chaseplastics.com>

PH: 800-232-4273 ext.760