

Customer ID:

CREDIT APPLICATION

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

	SECTION 1 - BUSINE	LONTAC	I INI OKMATI	ON			
Legal Entity:							
DBA (if applicable)							
Corporation: □	Partnership: □		LLC:□	C	Other: 🗆		
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: Dun & Bradstreet No:							
Do you require a PO# on your invoices: (any additional instructions?)							
Subsidiary of:	Subsidiary of:			Division of:			
State sales tax resale No: (Please attach copy of certificate) <i>Most of our supplier base insists</i> we obtain a copy of our customer Resale Certificates			Will payment be made from a US bank account:				
APPROVAL BASED UPON CREDIT REVIEW	REQUESTED CREDIT L \$	EQUESTED CREDIT LIMIT: Once approved standard terms are Net 30			terms are Net 30		
Contacts:	_		Email / Pho	ne Number	(Cell):		
President:							
Vice-President:							
Purchasing Contact:							
Certifications Contact:							
A/P Mgr. or Controller:							
Invoices should be sent to:							
Additional name(s)/email(s) to r	eceive 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 indebtness 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 It is agreed upon that the approved credit limit or terms may be withdrawn with or without prior notice upon default in payment.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:			<u> </u>				



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

Please include E-MAIL ADDRESSES

	TICUSC INCIDUC E TIALE	ADDRESSES				
Bank Name:						
Bank address:		Phone:				
City:		State:	ZIP:			
Trade References (Please list <i>at least</i> 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						
obtain the statement, please contac	lit is denied, you have the right to a wr t Chase Plastic Services, 800-232-4273, n statement of reasons for the denial w	, within 60 days from the d	ay you are notified of our			
Debbie Sexton — Credit Manager EMAIL: dsexton@chaseplastics.cc Please return the completed credit application to: PH: 800-232-4273 ext.760 DIRECT LINE: 248-620-7760						

BOTH REMIT TO ADDRESSES MUST BE ADDRESSED EXACTLY AS STATED BELOW TO AVOID POSTING DELAYS OR RETURNED CHECKS.

REMIT TO ADDRESS in US:

Chase Plastic Services, Inc. Department 231101 PO Box 67000 Detroit, MI 48267 REMIT TO ADDRESS in CANADA: Chase Plastics Services Inc. C/O T43941 P.O. Box 4394, STN A

Toronto, ON M5W 5Y1