



EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

Credit Application

To apply for credit with Extrutech Plastics, the first and second pages of our New Customer Information Sheet/Credit Application must be completed. If your company provides its own application, please fax that as well, but we also need your signature on **OUR** application. **Please make sure this application is completed in its entirety!**

- Full Addresses for Billing & Shipping Information
- **Signatures of owner or owners – Corporations require a corporate officer's signature.**
- Sales Tax Number and County of Residence if tax exempt.
- Full name, address, phone number, and social security number for owner/owners.
- Bank reference including address, phone number, fax number, and account number.
- At least four references including phone, fax, and account numbers.

Your order cannot be placed into production until this application has been returned to us.

Please complete this application in its entirety and return it to us via fax at 920/684-4344 at your earliest convenience.

If you have any questions please do not hesitate to call.

Thank you,

Extrutech Plastics



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NEW CUSTOMER INFORMATION SHEET / CREDIT APPLICATION

Please complete the information below and return this sheet to us via FAX at 920/684-4344. We must have this New Customer Information page completed in order to establish your business account number and process your order. If applying for credit, complete the second page as well.

Primary Business Type: Operator _____ Dealer _____ Contractor _____ Other _____ Sales Rep. & Code _____
New Account _____ Reactivation _____ Change of Terms _____ 191 _____ 192 _____ 193 _____ 194 _____

Billing Address	Shipping Address (If different from Billing Address)
Firm Name _____	Firm Name _____
DBA _____	DBA _____
Address _____	Address _____
City/State _____	City/State _____
Zip _____ County _____	Zip _____ County _____
Email _____	Email _____
Phone _____	Phone _____
Fax _____	Fax _____

Terms of Sale / Credit Policy

Terms of Sale must be signed. If applying for credit, please sign this section and complete page two
PAYMENT TERMS: _____ **Net 30 Days** _____ **Credit Card** _____ **Check In Advance**

1. All invoices are due for payment 30 days after invoice.
2. Past due balances are assessed a finance charge of 1_% per month which is equal to an annual percentage rate of 18% or the maximum rate authorized by law, whichever is lowest. Any past due accounts will be placed on credit hold.
3. Non-current accounts may be placed on a pre-pay basis at our option.
4. In the event any account is not paid when due and that legal action is commenced, the prevailing party shall be entitled to its reasonable attorney fees and court costs, including any cost of appeal. Parties hereby agree that if any suit or action is brought to enforce any part of terms of sale herein, venue of said suit should be in the District Court of the State of Florida.
5. Signature by you or your authorized representative on this application is presumed to establish your acceptance of the terms and conditions set forth herein, without exception, and to your agreement to comply with said terms.
6. It is expressly agreed that at the sole discretion of EPI, if this account is delinquent and is referred to a third party or parties for collection, all additional costs will be borne by the signee.
7. Personal credit may be checked as part of credit investigation.

I hereby certify, to the best of my knowledge, that the information submitted for the purpose of securing an account with EPI, and credit, if requested, is true and accurate. I agree as a condition of the extension of credit to pay all invoices within the terms set forth by EPI, in their credit policy/terms of sale. I hereby authorize the release of any information necessary to assist in establishing a line of credit with EPI.

*****Signed** _____ **Title** _____

*****Print Name** _____ **Date** _____

Certificate of Resale

I hereby certify, that I hold a valid sales tax number _____, issued pursuant to the sales tax law; that I am engaged in the business of selling tangible personal property described herein, which I shall purchase from EPI and will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event of any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase of such property. Description of property to be purchased: extruded plastic materials and products.

Signed _____ Date _____

Office Use Only: Approved by: _____ TRW _____ D & B _____

Account Number _____ Entered By _____ Date _____

CREDIT APPLICATION – PAGE 2

All of the following information must be completed. If a Partnership, please attach information for all partners. If a Corporation, please provide ownership names and titles.

Sole Proprietorship _____ Partnership _____ Corporation _____ Business is Owned _____ Rented _____
(If Partnership, complete information for all owners)

Owner/Representative _____ Title _____

Driver's License # _____ Social Security # _____

Home Address _____ Home Phone _____

City/State _____ Zip _____

Approximate annual sales volume \$ _____ Years in Business _____ Years at Present Location _____

Trade References (bank plus four trades):

Bank/Financial Institution

Account Number/s _____

Bank or Financial Institution Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Trade References (Four Required)

Company Name _____ Company Name _____

Address _____ Address _____

City/State _____ City/State _____

Zip _____ Acct. No. _____ Zip _____ Acct. No. _____

Contact Name _____ Contact Name _____

Phone _____ Phone _____

Fax _____ Fax _____

Company Name _____ Company Name _____

Address _____ Address _____

City/State _____ City/State _____

Zip _____ Acct. No. _____ Zip _____ Acct. No. _____

Contact Name _____ Contact Name _____

Phone _____ Phone _____

Fax _____ Fax _____