



**EXTRUTECH PLASTICS, INC.**

*"Custom Extruder of Close Tolerance Profiles"*

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## *New Customer Information Sheet*

*In order to generate an account number for you the first page of our combination New Customer Information Sheet/Credit Application must be completed. Please indicate under the Terms of Sale if you will be paying by check in advance or by credit card (see Credit Card Authorization Form). **An owner or corporate officer's signature is required under the terms of sale.***

*Be assured that this is **not** an application for credit, simply a tool for expediting current and future orders. If you would like to apply for credit please read the Credit Application cover sheet.*

*Please complete this form and fax it back to 920/684-4344 at your earliest convenience.*

**Your order cannot be processed until this paperwork has been returned to us.**

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

*Thank you,*

*Extrutech Plastics*



# EXTRUTECH PLASTICS, INC.

*"Custom Extruder of Close Tolerance Profiles"*

## 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

Firm Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_ County \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

### Shipping Address (If different from Billing Address)

Firm Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_ County \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
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 \_\_\_\_\_