

Creative Plastics
254 Rano St.
Buffalo, NY 14207
800-834-1225 Fax 716-873-4575

Credit Application

Applicant Business Name: _____

Address: _____

Phone: _____ Fax: _____

Years/ Months established: _____ # of Employees _____

Attach Tax Exempt Certificate if Applicable

Owners/ Partners/ Officers

Name: _____ **Title:** _____

Address: _____

Social Security No. _____ Home Phone: _____

Name: _____ **Title:** _____

Address: _____

Social Security No. _____ Home Phone: _____

Name: _____ **Title:** _____

Address: _____

Social Security No. _____ Home Phone: _____

Credit/Trade References

1. Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Contact:** _____

2. Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Contact:** _____

3. Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Contact:** _____

4. Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Contact:** _____

5. Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Contact:** _____

Bank Information

Bank Name: _____ Branch: _____

Address: _____

Contact : _____ Phone # _____

Account No. _____ Account Type: _____

Please answer yes or no to the following questions:

- 1. Have you or your business ever filed for Bankruptcy? ____ Yes ____ No
- 2. If so, how long ago did you file? _____
- 3. Have any civil suits been filed against you or any of the business partners/owners?
 ____ Yes ____ No If yes, when? _____
- 4. If yes, please explain _____

Terms of Sale

The information contained in this application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that Creative Plastics is relying on the information provided in deciding to grant or continue credit to your company. The undersigned represents and warrants that the information provided is true and complete and that Creative Plastics may consider it as continuing to be true and correct until a written notice of change is submitted by the undersigned. The undersigned understands that Creative Plastics will make all inquiries necessary to verify the accuracy of the statements made herein to determine credit worthiness. The undersigned hereby agrees that any dispute arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of New York Law, under jurisdiction of New York Courts and that venue in any such action shall be in the County of Erie.

Initial Order- All initial orders must be prepaid by Company Check, credit card, or C.O.D.

Custom Orders- All custom orders will require a deposit of 50% with purchase order, balance due net 30 days from date of invoice.

Returns - Merchandise may not be returned without prior authorization and RMA# from Creative Plastics.

Note: It is understood by signing this application, I am acknowledging and accepting there will be a 2% service charge on all invoices exceeding the terms at the end of each month. The customer agrees to pay all costs of collection, including attorneys' fees. Furthermore, by signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

Signature

Title

Company Name

Date

**PLEASE SIGN AND FAX COMPLETED APPLICATION TO CREATIVE PLASTICS
716-873-4575**

-FOR OFFICE USE ONLY-

Date Received ____/____/____ Approved by _____ Credit Limit \$ _____

Payment Term _____ Declined by: _____ Reason _____