

PLEASE SEND COMPLETED FORM TO

PORT PLASTICS, INC.
CORPORATE CREDIT DEPARTMENT
15325 FAIRFIELD ROAD, SUITE 150
CHINO HILLS, CA 91709
www.portplastics.com



PORT PLASTICS, INC. BRANCH LOCATION

CITY: _____

APPLICATION FOR CREDIT

DATE: _____

PLEASE NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED AS INDICATED OR IT WILL NOT BE PROCESSED.

FIRM NAME _____ PHONE NO. _____

BUSINESS NAME (if different than above) _____ FAX NO. _____

BILLING ADDRESS _____ A/P CONTACT/EXT. _____

CITY _____ STATE _____ ZIP CODE _____

SHIPPING ADDRESS (if different than above) _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF PARENT COMPANY, IF SUBSIDIARY OR DIVISION _____

ADDRESS _____ CITY _____ ZIP _____

SOCIAL SECURITY NUMBERS AND HOME ADDRESSES ARE MANDATORY FOR SOLE PROPRIETORSHIP'S AND GENERAL PARTNERSHIP'S.

PROPRIETOR, PARTNERS, OR OFFICERS NAMES AND HOME ADDRESSES.

NAME & TITLE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME & TITLE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RESALE NUMBER _____ TYPE OF BUSINESS _____

DATE BUSINESS STARTED _____

IF INCORPORATED, IN WHAT STATE _____

HOW LONG AT ABOVE ADDRESS _____ PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____ YEARS THERE _____

DO YOU OWN THE PROPERTY LISTED ABOVE? _____ If not, NAME AND ADDRESS OF LANDLORD _____

NAME OF BANK WHERE BUSINESS CHECKING ACCOUNT IS LOCATED _____

BRANCH NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____ 8 or more digits PHONE NO. _____

NAME OF OFFICER TO CONTACT AT BANK _____

SEE OTHER SIDE

TRADE REFERENCES. INCLUDE ONLY RECENT OPEN ACCOUNTS. THIS SECTION MUST BE FILLED OUT COMPLETELY.

NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

****WILL YOU ACCEPT C.O.D. UNTIL YOUR ACCOUNT IS ESTABLISHED?** _____

ARE YOU LISTED WITH DUN & BRADSTREET? _____ **D&B NO.** _____

UNDER WHAT NAME AND CITY LISTED:

NAME _____ CITY _____ STATE _____

PORT PLASTICS, INC. IS HEREBY AUTHORIZED TO INVESTIGATE OUR/MY CREDIT HISTORY BY CONTACTING NATIONAL AND REGIONAL CREDIT REPORTING AGENCIES. I/WE AGREE TO PAY ALL REASONABLE ATTORNEY'S FEES AND COURT COSTS AS SHALL BE FIXED BY COURT IN THE EVENT OF SUIT TO ENFORCE PAYMENT.

IT IS UNDERSTOOD THAT THE TERMS OF ANY SALES ARE NET 30 DAYS FROM DATE OF INVOICES. A SERVICE CHARGE OF 10% PER ANNUM WILL BE ADDED TO ANY PAST DUE BALANCE AT PORT PLASTICS, INC. DISCRETION.

PRINT NAME OF BUSINESS _____

PRINT NAME & TITLE OF SIGNER _____

AUTHORIZED SIGNATURE _____

DATE _____