

PORT PLASTICS, INC.
ATTN: CREDIT DEPARTMENT
15325 FAIRFIELD RANCH ROAD, STE. 150
CHINO HILLS, CALIFORNIA 91709



PORT PLASTICS

PLEASE FAX SIGNED FORM: 909-597-0116

OR EMAIL: credit@portplastics.com

FOR OFFICE USE ONLY

BRANCH _____

RECEIVED BY _____

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

COMPANY _____ PHONE _____

BUSINESS NAME (DBA) _____ FAX _____

BILLING ADDRESS _____ A/P CONTACT/EXT _____

CITY/STATE _____ ZIP _____ A/P E-MAIL _____

SHIPPING ADDRESS IF DIFFERENT _____

DO YOU OWN THE PROPERTY LISTED ABOVE? YES NO IF NOT, NAME OF LANDLORD _____

ADDRESS _____ CITY/STATE _____ ZIP _____

NAME OF PARENT COMPANY (SUBSIDIARY OR DIVISION) _____

ADDRESS _____ CITY/STATE _____ ZIP _____

TYPE OF BUSINESS _____ AMOUNT OF CREDIT REQUESTING \$ _____

SALES TAX EXEMPT? YES NO (IF YES, PLEASE FAX OR SCAN SALES CERTIFICATE) RESALE NUMBER _____

WOULD YOU LIKE INVOICES EMAILED OR FAXED? EMAIL: _____ FAX: _____

OWNERSHIP

SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC OTHER _____

IF INCORPORATED, IN WHAT STATE _____ YEAR BUSINESS STARTED _____ FEDERAL ID# _____

PROPRIETOR, PARTNERS, OR OFFICERS NAME AND HOME ADDRESSES

SOCIAL SECURITY NUMBER AND HOME ADDRESS ARE MANDATORY FOR SOLE PROPRIETORSHIPS AND GENERAL PARTNERSHIPS.

NAME & TITLE _____ SOCIAL SECURITY NO. _____

HOME ADDRESS _____ CITY/STATE _____ ZIP _____

NAME & TITLE _____ SOCIAL SECURITY NO. _____

HOME ADDRESS _____ CITY/STATE _____ ZIP _____

BANK INFORMATION

NAME OF BANK WHERE BUSINESS CHECKING ACCOUNT IS LOCATED _____

ADDRESS _____ ACCOUNT NO. _____

BANK CONTACT _____ PHONE _____ FAX _____



TRADE REFERENCES - INCLUDE ONLY ACTIVE VENDOR ACCOUNTS. THIS SECTION MUST BE FILLED OUT COMPLETELY.

NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____

****WILL YOU ACCEPT C.O.D. UNTIL YOUR ACCOUNT IS ESTABLISHED?** YES NO

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

NAME LISTED AS _____ **CITY/STATE** _____

PORT PLASTICS, INC. IS HEREBY AUTHORIZED TO INVESTIGATE OUR/MY CREDIT HISTORY BY CONTACTING CREDIT REPORTING AGENCIES, TRADE CREDITORS AND BANKS. IN THE EVENT THE ACCOUNT IS DELINQUENT AND SATISFACTORY ARRANGEMENTS HAVE NOT BEEN MADE FOR PAYMENT, DEBTOR AGREES TO PAY COLLECTION AGENCY COSTS, ATTORNEY COLLECTION COSTS, ATTORNEY FEES, COURT COSTS AND ANY OTHER LEGAL FEES INVOLVED WITH "CLIENT" COLLECTING ON A DELINQUENT BALANCE. THE VENUE OF ANY SUIT TO COLLECT ON OBLIGATIONS OF DEBTOR TO PORT PLASTICS, INC. SHALL BE LAID IN SAN BERNARDINO COUNTY, CA. IT IS UNDERSTOOD THAT THE TERMS OF ANY SALES ARE NET 30 (THIRTY) DAYS FROM DATE OF INVOICE. A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ANY PAST DUE BALANCE AT PORT PLASTICS, INC. DISCRETION.

OFFICER'S SIGNATURE

TITLE

PRINT NAME

DATE

PERSONAL GUARANTEE - COMPLETE IF IN BUSINESS LESS THAN 1 (ONE) YEAR AND/OR UPON REQUEST.

THE UNDERSIGNED APPLICANT DOES HEREBY AGREE TO THE ABOVE TERMS AND CONDITIONS AND ASSUMES A PERSONAL LIABILITY FOR PAYMENT OF SAID APPLICANT'S ACCOUNT.

SIGNATURE

TITLE

PRINT NAME

DATE