

To open an account, complete this application and email to: [Sales@ServicesForPlastics.com](mailto:Sales@ServicesForPlastics.com)  
**This application must be signed, dated and returned with all required credit information,  
to be considered for a Net 30 Days credit line.**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Category:  Molder  Extruder  Mold Maker  Distributor  Other \_\_\_\_\_

Type of Business:  Corporation  Partnership  Sole Proprietorship  Personal

Please check all purchasing options that are accepted/used by your company:

Purchase Order Numbers  Verbal Purchase Orders  Credit Cards  Other \_\_\_\_\_

Federal ID # / SS #: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_

Sales Tax Exempt #: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Buyer: \_\_\_\_\_ Controller: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Email: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*\*\* PLEASE DO NOT PROVIDE PLASTIC RESIN SUPPLIERS AS REFERENCES \*\*\*\***

Name of Business Reference: **(NO PLASTIC RESIN SUPPLIERS)** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Business Reference: **(NO PLASTIC RESIN SUPPLIERS)** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Business Reference: **(NO PLASTIC RESIN SUPPLIERS)** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

By signing this form, you are agreeing to comply with the terms and conditions as set forth by Services For Plastics, Inc. The information you have provided above, will be used to assess your credit worthiness. Under open account terms, all purchases are subject to credit approval and are due and payable, in U.S. funds, within 30 days from the date of invoice. A finance charge of 1.5% per month (18% per annum) plus attorney fees, all damages, and all costs associated with collections, will be added to all past due accounts. We reserve the right to deny open account terms to any company.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS BOX**

Account Number: \_\_\_\_\_ D&B Checked: \_\_\_\_\_ References Checked: \_\_\_\_\_ Approved: \_\_\_\_\_