



EPI
 PO Box 6566
 Tallahassee, Florida 32314
 1-800-874-3168 Ext. 107
 FAX 850-878-6093

New Account Reactivation Change of Terms
 PIA Net 30 \$ _____ credit line
 Sales Rep Name / # _____

Credit Application

PLEASE PRINT

Please fill out BOTH sides of the application, sign and date where indicated. Your application for credit must be approved before your first order can be processed.

OFFICE USE ONLY	
Account Number:	_____
Approved by:	_____
Date Approved:	_____
Entered by:	_____
CR Link	<input type="checkbox"/> Y <input type="checkbox"/> N TRW <input type="checkbox"/> Y <input type="checkbox"/> N D&B <input type="checkbox"/> Y <input type="checkbox"/> N

Billing Address

Firm Name _____
 DBA _____
 Address _____
 City/State _____
 Zip _____ County _____
 Phone (____) _____ - _____
 FAX (____) _____ - _____
 Approximate annual sales volume \$ _____ Years in Business _____ Year's at present location _____

Shipping Address (if different from Billing Address)

Firm Name _____
 DBA _____
 Address _____
 City/State _____
 Zip _____ County _____
 Phone (____) _____ - _____
 FAX (____) _____ - _____
 Approximate annual sales volume \$ _____ Years in Business _____ Year's at present location _____

All of the below information MUST be completed. If Partnership: Please attach information for ALL partners.

Sole Proprietorship Partnership Corporation

Owner _____ Title _____
 Driver' License # _____ Soc. Sec# _____
 Home Address _____ Home Phone (____) _____
 City _____ County _____ State _____ Zip _____ - _____
 Business is: Residence Storefront / Owned Rented: Rented from: _____ Phone # _____
 Primary Business Type: A = Building Application R = Building Retailer C = Car Wash Operator D = Car Wash Dealer
 S = Shutter Fabricator O = Other _____ Number of Full Time Employees _____ Part Time _____

Trade References are required for an account whether you plan to do business on a credit basis or not. PLEASE PRINT

Account # _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone (____) _____ FAX (____) _____

Account # _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone (____) _____ FAX (____) _____

Account # _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone (____) _____ FAX (____) _____

Account # _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone (____) _____ FAX (____) _____

Bank/Institution Name _____
 Bank Account Number _____
 City/State/ Zip (include + four) _____

Phone Number _____
 Address _____

Firm Name _____

Credit Policy/Terms of Sale

1. All invoices are due for payment 30 days after invoice.
 2. Past due balances are assessed a finance charge of 1 1/2% 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 Wisconsin.
 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 _____ Date _____

Print Name _____

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 will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event 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.

Date _____ Signed _____

Tax Codes

For Office Use Only	Salesperson # _____	State _____
	Ship via _____	County _____
	<input type="checkbox"/> Taxable	City _____
	<input type="checkbox"/> Non-Taxable	Trans _____
	Plan _____	Other _____

PLACE
STAMP
HERE



P.O. Box 6566
Tallahassee, Florida 32314-6566