EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

Credit Application

To apply for credit with Extrutech Plastics, the first and second pages of our New Customer Information Sheet/Credit Application must be completed. If your company provides its own reference sheet, please fax that as well.

The signatures of the owner or owners (Corporations require a corporate officer's signature) are required on OUR application. Please make sure this application is completed in its entirety!

- Full Addresses for Billing & Shipping Information
- Signatures of owner or owners – Corporations require a corporate officer's signature.
- Sales Tax Number and County of Residence if tax exempt.
- Full name, address, phone number, and social security number for owner/owners.
- Bank reference including address, phone number, fax number, and account number.
- At least four references including phone, fax, and account numbers.

Your order cannot be placed into production until this application, and your signed order acknowledgement has been returned to us.

Send your completed application to us by fax at 920/684-4344.

Please call us if you have any questions.

Thank you!

EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

NEW CUSTOMER INFORMATION SHEET / CREDIT APPLICATION

Please complete the information below and return this sheet to us via FAX at 920/684-4344. We must have this New Customer Information page completed in order to establish your business account number and process your order. If applying for credit, complete the second page as well.

Primary Business Type: Operator _____ Dealer _____ Contractor _____ Other _____ Sales Rep. & Code_____
New Account _____Reactivation _____ Change of Terms _____ 191 ____192 ____ 193____ 194 ____

Billing Address

Firm Name _____

DBA _____

Address _____

City/State _____

Postal Code/ Zip _____ County or Country _____

Email _____

Phone _____

Fax _____

Shipping Address (If different from Billing Address)

Firm Name _____

DBA _____

Address_____

City/State _____

Postal Code/ Zip _____ County or Count_____

Email_____

Phone _____

Fax_____

Terms of Sale /Credit Policy *(If applying for credit an officer or all partners must sign)*

Terms of Sale must be signed. ***If applying for credit, please sign this section and complete page two***

PAYMENT TERMS: ____ Net 30 Days ____ Credit Card ____ Check In Advance

1. All invoices are due for payment 30 days after invoice.
2. Past due balances are assessed a finance charge of 1 ½% 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 Florida.
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** _____

Terms of Sale must be signed. If applying for credit an officer or all partners must sign.

Print Name _____ **Date** _____

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

Signed _____ Date_____

Office Use Only: Approved by: _____ TRW _____ D & B _____

Account Number_____ Entered By_____ Date _____

EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR CREDIT
IF YOUR COMPANY HAS AN EXISTING REFERENCE SHEET ON LETTERHEAD, YOU MAY SUBSTITUTE IT FOR THE 2ND PAGE OF OUR APPLICATION

Business Type:

Sole Proprietorship ☐ Partnership ☐ ***(Info for all Partners)*** Corporation ☐ **(Ownership names & Info)** Business is Owned: ☐ Rented ☐

Owner/Representative _____ Title _____

Banking Information:

Bank or Financial Institution Name _____

Account Number/s_____ _____

Full Address _____

Phone_____ Fax_____

Credit References (Four Required)

1. Company Name _____
Address _____
City/State _____
Zip _____ Acct. No. _____
Contact Name _____
Phone _____
Fax* _____
Email *** _____

2. Company Name _____
Address _____
City/State _____
Zip _____ Acct. No. _____
Contact Name _____
Phone _____
Fax* _____
Email* _____

3. Company Name _____
Address _____
City/State _____
Zip _____ Acct. No. _____
Contact Name _____
Phone _____
Fax* _____
Email *** _____

4. **Company Name** _____
Address _____
City/State _____
Zip _____ Acct. No. _____
Contact Name _____
Phone _____
Fax* _____
Email* _____

FAX NUMBER OR EMAIL ADDRESS REQUIRED ON ALL CREDIT REFERENCES*