



EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

First Time Buyer?

Thank you for your order! We need three items from you before your order can go into production:

1.) New Customer Information Sheet (Sheet Number 1):

- Our new customer information sheet needs to be completed and returned to us. Your number is then issued through our corporate office (This typically takes only one day). If you are paying by check this is the only form you need to complete.

2.) Payment and / or Terms (Sheet Numbers 1 and 2, or 1 and 3, or 1 and 4)

- We accept MasterCard and Visa – Not Discovery or American Express (Complete the New Customer Information Sheet – Sheet Number 1 & Credit Card Authorization – Sheet Number 3)
- Prepay with a check. Mail in your check or send your check by fax. (Complete the New Customer Information Sheet – Sheet Number 1 & Payment By Faxed Check Form – Sheet Number 4)
- Credit may be established with EPI, by completing our combination New Customer Information Sheet/Credit Application. (Sheets 1 and 2) Credit applications generally take three or more business days to process.

3.) Signed Quotation or Order Acknowledgement

- **Just sign and fax or email us your signed quotation or order acknowledgement**

After we receive your signed order acknowledgment and payment your order is added to the production schedule.

5902 W. Custer Street - Manitowoc, WI 54220 - Phone 920/684-9650 - Fax 920/684-4344
www.epiplastics.com - e-mail: info@epiplastics.com - 888/818-0118



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

Shipping Address (If different from Billing Address)

Firm Name _____ Firm Name _____
DBA _____ DBA _____
Address _____ Address _____
City/State _____ City/State _____
Postal Code/ County or Postal Code/ County or
Zip _____ Country _____ Zip _____ Country _____
Email _____ Email _____
Phone _____ Phone _____
Fax _____ 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 _____

5902 West Custer Street – Manitowoc, WI 54220 – Phone 920/684-9650 or 888/818-0118 – Fax 920/684-4344 www.epiplastics.com – email: info@epiplastics.com

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 _____

Trade 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 TRADE REFERENCES*****



EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

MASTERCARD / VISA - CREDIT CARD AUTHORIZATION

(We Do Not Accept American Express or Discover)

Please complete the information below and return this sheet to us via FAX at 920/684-4344

| | | |
|--------------------------|---|------------------|
| Sold To: | Ship To: (If different from Billing Address) | |
| Firm Name _____ | Firm Name _____ | |
| DBA _____ | DBA _____ | |
| Address _____ | Address _____ | |
| City/State _____ | City/State _____ | |
| Zip _____ | Zip _____ | |
| Email _____ | Email _____ | |
| Phone _____ | Phone _____ | |
| Fax _____ | Fax _____ | |
| Date: _____ | Customer No.: _____ | Order No.: _____ |
| Customer P.O. No.: _____ | Quote No.: _____ | |

Total Estimated Material Value \$ _____

Freight: _____

Additional Charges _____

Total Estimated Order Value \$ _____



This is to authorize Extrutech Plastics, Inc. to charge my purchase of profiles and/or other materials to the credit card provided with this order.

Name as Printed on Card: _____

Cardholder Full Address & Telephone (Please list billing address associated with card): _____

Mastercard/Visa Numbers: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ (Month & Year) 3 Digit Security Code _____

Authorized Signature: _____

Signature Name (Please Print): _____ Date: _____

YOUR CREDIT CARD STATEMENT WILL REFLECT A CHARGE FROM EPI 04

EPI Use Only: Authorization No. _____ Date: _____



EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

PAYMENT BY "FAXED CHECK"

WE CANNOT ACCEPT CASHIER'S CHECKS VIA FAX

Customer Name: _____

Account and or Order#: _____

Step 1 – Complete and sign check as usual

Step 2 – Copy check – Please make sure the copy is clear and legible.

Step 3 – Sign this authorization (below)

Step 4 – Fax both documents to Order Entry - 920-684-4344

Step 5 – File or destroy original check – *DO NOT MAIL CHECK!*

You may consider your order paid once you have faxed your check. Do not mail us your check - it might accidentally be processed twice!

If you have any questions, please contact Customer Service
888-818-0118, ext. 2611



By signing below, I do authorize Extrutech Plastics, Inc. (EPI04) to initiate an Automated Clearing House (ACH) debit entry on a checking account owned or controlled by me, via the accompanying faxed check.

Customer Signature & Date

THANK YOU!

5902 W. Custer Street • Manitowoc, WI 54220 • 888-818-0118 • Fax (920) 684-4344
www.epiplastics.com • email: info@epiplastics.com