



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 now accept MasterCard, Visa, Discover and 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 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.



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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/ _____ County or _____
Zip _____ Country _____
Email _____
Phone _____
Fax _____

Shipping Address (If different from Billing Address)

Firm Name _____
DBA _____
Address _____
City/State _____
Postal Code/ _____ County or _____
Zip _____ 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 _____

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



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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****



EXTRUTECH PLASTICS, INC.

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MASTERCARD / VISA / DISCOVER and AMERICAN EXPRESS CREDIT CARD AUTHORIZATION

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 _____ 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
Discover / American Express Numbers: _____ - _____ - _____ - _____

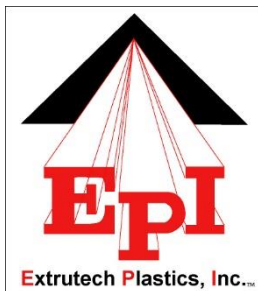
Expiration Date: _____ / _____ (Month & Year) 3 Digit Security Code _____

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.

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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

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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!

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