



## Application For Terms

Questions, concerns and submission upon completion to:  
Lee Saunders - LeeS@PlasPlus.com - Fax: (248)393-0400

Legal Company Name			
Street Address	Address:		
	City:	State:	Zip:
Mailing Address	Address:		
	City:	State:	Zip:
Main Contact			
Contact Info	Phone:	Fax:	E-Mail:

Tax Exempt Number			
General Info	Tax ID:	Type Of Business:	Date Started:
Name of Parent Company			
Mailing Address	Address:		
	City:	State:	Zip:

Chief Financial Officer	
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Accounts Payable Contact:	Name:	Phone:
Credit Line Requested:		

BANK INFORMATION	
Bank	Name: Branch:
Bank Info	Contact Name: Phone:
Account Number	
<input type="checkbox"/> CORPORATION	
President	
Incorporation	Date Of: Place Of:
<input type="checkbox"/> PARTNERSHIP	
Partnership/s	#1: #2:
Partnership/s (Continued)	#3: #4:
Partnership Info	Type Of: Date Formed:
<input type="checkbox"/> SOLE PROPRIETORSHIP	
Owners Name	



CREDIT REFERENCES			
<b>Creditor Name #1</b>			
<b>Address</b>	Address:		
	City:	State:	Zip:
<b>Contact Info</b>	Phone:	Fax:	E-Mail:
<b>General Info</b>	Year Account Opened:		Credit Limit:
<b>Creditor Name #2</b>			
<b>Address</b>	Address:		
	City:	State:	Zip:
<b>Contact Info</b>	Phone:	Fax:	E-Mail:
<b>General Info</b>	Year Account Opened:		Credit Limit:
<b>Creditor Name #3</b>			
<b>Address</b>	Address:		
	City:	State:	Zip:
<b>Contact Info</b>	Phone:	Fax:	E-Mail:
<b>General Info</b>	Year Account Opened:		Credit Limit:
FINANCIAL INFORMATION			
Annual Sales:		Date of Statements:	
Current Asset Value:		Current Liabilities:	
Long Term Debt:	Equity:	Net Profit:	
Is there any pending litigation against the borrowing company?		Yes	No
If Yes, Please Explain:			
Credit Agreements			
<p>1) TERMS OF SALE: Net 30 days from the date of shipment on approved accounts.</p> <p>2) No deduction will be allowed without prior authorization from Plastics Plus, Inc.</p> <p>3) A \$25.00 Handling &amp; Service Fee will be charged on returned checks for any reason.</p> <p>4) Applicant agrees to pay any collection costs incurred to collect any unpaid balance, including interest on the unpaid balance as allowed by the Federal and State Law any reasonable attorney's fees that may be incurred.</p> <p>5) Account privileges may be cancelled at any time at the discretion of Plastics Plus, Inc.</p> <p>I authorize all references listed herein to release confidential information to Plastics Plus, Inc as I have applied for credit with Plastics Plus, Inc.</p> <p>Title: _____ Signature: _____ Date: _____</p> <p>I, as office, director and/or shareholder, agree to <b>PERSONALLY GUARANTEE</b> payment to Plastics Plus, Inc. for any reason and all indebtedness incurred by or for the corporation for which this application has been made.</p> <p>Title: _____ Signature: _____ Date: _____</p>			

