



**Extreme Plastics Plus, LLC.**  
**360 Epic Circle Dr.**  
**Fairmont, WV 26554**

**T. 304.534.3600**  
**F. 681.443.3913**  
[www.extremeplasticsplus.com](http://www.extremeplasticsplus.com)

**APPLICATION FOR CREDIT**

**Company Information**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Federal ID# \_\_\_\_\_ DUN's Number \_\_\_\_\_

**Are financial statements available? (if so please attach with returned credit application):** \_\_\_\_\_

Estimated initial credit amount (\$) and terms requested: \_\_\_\_\_  
 Preferred Payment Method: Check \_\_\_\_\_ ACH \_\_\_\_\_ Credit Card \_\_\_\_\_  
 Tax exempt Y/N: \_\_\_\_ If Yes please provide exemption certificate(s)

**Bank Reference**

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

**Trade/Vendor Reference: (e-mail or fax must be provided for each)**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

By signing this application you grant Extreme Plastics Plus the right to contact the reference listed above regarding creditworthiness. In addition you authorize Extreme Plastics Plus to contact any relevant credit reporting agencies.

<b>Authorized signature:</b> _____ <b>Printed Name:</b> _____ <b>Date:</b> _____ <b>Title:</b> _____
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*Email completed application to ar@extremeplasticsplus.com or fax to (681)443-3913*