Maine Plastics

Credit Application

Please provide the following information and sign below. Fax the completed application and attachments to 847.379.9080 or mail to: Maine Plastics, attn: Accounts Receivable, 1817 Kenosha Road, Zion, IL 60099-5142.

Company Information

Company Name:

Address:

City: State: ZIP:

Phone: ( ) Fax: ( )

Type of Business Entity (please check one): ❑ Corporation ❑ Partnership ❑ Sole Proprietor

Nature of Business: Year Established: Resale Certificate Number (please attach copy):

Credit Requested: Terms: Federal Tax ID #: DUNS #:

Parent Company Information (if any)

Parent Company Name: Relationship to Parent Company (Subsidiary, etc.):

Address:

City: State: ZIP:

Contact Information

Primary Contact Name: Title:

Direct Phone: ( ) Direct Fax: ( )

E-Mail Address:

Bank Reference

Bank Name: Account Number:

Contact: Phone :

Address:

City: State: ZIP:

Trade References

1

Company Name: Contact:

Address:

City: State: ZIP:

Phone: ( ) Fax: ( )

E-Mail Address of Contact:

2

Company Name: Contact:

Address:

City: State: ZIP:

Phone: ( ) Fax: ( )

E-Mail Address of Contact:

3

Company Name: Contact:

Address:

City: State: ZIP:

Phone: ( ) Fax: ( )

E-Mail Address of Contact:

By signing below, you authorize Maine Plastics, Inc. (MPI) to obtain the usual and customary information regarding your business relationship with the Bank and Trade References listed on this application and to obtain credit reports on you now and in the future. This application will also serve as your authorization to release information to MPI via phone, fax or in writing. By signing below you represent that you are a principal, owner, officer or other employee of the firm above. Further, you agree: a) to reimburse MPI for all costs of collecting overdue balances on this account, including, but not limited to, attorneys fees, b) to furnish us your tax identification number upon request, and c) to permit MPI to send advertising to you via fax unless you inform us in writing otherwise.

Authorized Signature: X Date:

Name (Please Print): Title: