



Credit Application

Please provide the following information and sign below. Fax the completed application and attachments to 847.379.9171 or mail to: Polymer Options, 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	<p>Company Name: _____ Contact: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: (_____) _____ Fax: (_____) _____</p> <p>E-Mail Address of Contact: _____</p>
2	<p>Company Name: _____ Contact: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: (_____) _____ Fax: (_____) _____</p> <p>E-Mail Address of Contact: _____</p>
3	<p>Company Name: _____ Contact: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: (_____) _____ Fax: (_____) _____</p> <p>E-Mail Address of Contact: _____</p>

By signing below, you authorize Polymer Options, LLC. (PO) 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 PO 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 PO 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 PO to send advertising to you via fax unless you inform us in writing otherwise.

Authorized Signature: X _____ Date: _____

Name (Please Print): _____ Title: _____