



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name	Principle Owner
Bill to Address	Accounts Payable Rep
	Phone/ Fax
Ship to Address	E-mail

BUSINESS AND CREDIT INFORMATION

Bank name:		Phone	<input type="checkbox"/> Sole proprietorship
Address		Fax	<input type="checkbox"/> Partnership
City, State ZIP Code		Contact	<input type="checkbox"/> Corporation
			<input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. Any invoices 31 days or older are subject to a 1.5% service charge. Any account 45 days or older will be subject to COD terms.
4. By submitting this application, you authorize Empire Plastics, Inc. to make inquiries into the banking and business/trade references that you have supplied and certify this information is correct.

SIGNATURE

Signature	
Name and Title	
Date	
Fax completed form to 605-339-2857 OR e-mail to mindyb@empirepl.com	