



APPLICATION FOR CREDIT

NOTE: PLEASE TYPE OR PRINT.

Complete Name of Your Business _____

Full Address _____
City State Zip Code

Telephone Number () _____ Total Number of Employees _____
FAX Number () _____

Check One: Corporation L.L.C. Partnership Personal

Names of Principals _____ Title _____
_____ Title _____

Building: Owned _____ Leased _____

Type of Business: _____ Date Started _____
EXAMPLE: Injection Molders, Extruders, Blow Molders, Die Makers, Distributors, etc.

Types of Machinery and Equipment: _____
EXAMPLE: Molding Machines, Extruders, Mills, Lathes, etc.

Complete Name of Your Bank: _____

Address _____

Please List Five Business References below: (Please include phone and fax telephone numbers)

Name Complete Address City State Zip Code

Phone/FAX Numbers Your Account Number

Name Complete Address City State Zip Code

Phone/FAX Numbers Your Account Number

Name Complete Address City State Zip Code

Phone/FAX Numbers Your Account Number

Name Complete Address City State Zip Code

Phone/FAX Numbers Your Account Number

Name Complete Address City State Zip Code

Phone/FAX Numbers Your Account Number

Date form completed _____ By: _____
Signature

The above information will provide us with a basis for granting credit. You have our assurance that all credit information is held in the strictest of confidence.

Please Print Name

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Note: PPE customers may reproduce this form only in it's entirety.

OUR PAYMENT TERMS ARE NET 30 DAYS



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