



# 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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