



APPLICATION FOR CREDIT

OUR PAYMENT TERMS
ARE NET 30 DAYS

Complete Name of
Your Business: _____

Full Address: _____
City State Zip Code

Telephone Number : () _____ Approx. Number of Employees: _____

FAX Number: () _____

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

Names of _____ Title: _____

Principals: _____ Title: _____

Building: Owned _____ Leased _____ Date Started _____

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

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

Complete Name of Your Bank: _____

Address: _____

Accounts Payable Contact:

Name: _____ E-mail: _____

Telephone Number : () _____ FAX Number: () _____

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

By: _____
Signature

Date form completed: _____

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 _____

RETURN THIS WITH YOUR TAX EXEMPT FORM.

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