



CREDIT APPLICATION

DATE: _____

BUSINESS INFORMATION		DESCRIPTION OF BUSINESS		
NAME OF BUSINESS		NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)		IN BUSINESS SINCE		
ADDRESS		BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		
CITY		<input type="checkbox"/> DIVISION/SUBSIDIARY		
STATE	ZIP	PHONE AND FAX	PARENT COMPANY _____	
			IN BUSINESS FOR _____	

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME:	TITLE:	ADDRESS:	PHONE:
_____	_____	_____	_____
NAME:	TITLE:	ADDRESS:	PHONE:
_____	_____	_____	_____
NAME:	TITLE:	ADDRESS:	PHONE:
_____	_____	_____	_____

BANK REFERENCES	
NAME OF BANK	NAME TO CONTACT
_____	_____
BRANCH	ADDRESS
_____	_____
CHECKING ACCOUNT NO.	TELEPHONE NUMBER
_____	_____

TRADE REFERENCES				
FIRM NAME	CONTACT NAME	TELEPHONE NO.	FAX NO.	ACCOUNT OPEN SINCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE SEND A COPY OF YOUR SIGNED RE-SALE CERTIFICATE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Poli-Film America in determining the amount and conditions of credit to be extended. I understand that Poli-Film America may also utilize other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade reference listed in this credit application to release the information necessary to assist Poli-Film America in establishing a line of credit.

SIGNATURE TITLE DATE

POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED
UNLESS ACCOMPANIES BY THE ABOVE REQUESTED INFORMATION.
TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.