



# EXTRUTECH PLASTICS, INC.

*“Custom Extruder of Close Tolerance Profiles”*

## **Credit Application**

To apply for credit with Extrutech Plastics, the first and second pages of our New Customer Information Sheet/Credit Application must be completed. If your company provides its own reference sheet, please fax that as well.

**The signatures of the owner or owners (Corporations require a corporate officer’s signature) are required on OUR application. Please make sure this application is completed in its entirety!**

- Full Addresses for Billing & Shipping Information
- Signatures of owner or owners – Corporations require a corporate officer’s signature.
- Sales Tax Number and County of Residence if tax exempt.
- Full name, address, phone number, and social security number for owner/owners.
- Bank reference including address, phone number, fax number, and account number.
- At least four references including phone, fax, and account numbers.

**Your order cannot be placed into production until this application and your signed order acknowledgement has been returned to us.**

Send your completed application to us by fax at 920/684-4344.

Please call us if you have any questions.

Thank you!



# EXTRUTECH PLASTICS, INC.

"Custom Extruder of Close Tolerance Profiles"

## NEW CUSTOMER INFORMATION SHEET / CREDIT APPLICATION

Please complete the information below and return this sheet to us via FAX at 920/684-4344. We must have this New Customer Information page completed in order to establish your business account number and process your order. If applying for credit, complete the second page as well.

Primary Business Type: Operator \_\_\_\_\_ Dealer \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_ Sales Rep. & Code \_\_\_\_\_  
New Account \_\_\_\_\_ Reactivation \_\_\_\_\_ Change of Terms \_\_\_\_\_ 191 \_\_\_\_\_ 192 \_\_\_\_\_ 193 \_\_\_\_\_ 194 \_\_\_\_\_

### Billing Address

Firm Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Postal Code/ County or \_\_\_\_\_  
Zip Country \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

### Shipping Address (If different from Billing Address)

Firm Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Postal Code/ County or \_\_\_\_\_  
Zip Country \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

### Terms of Sale /Credit Policy (If applying for credit an officer or all partners must sign)

Terms of Sale must be signed. **If applying for credit, please sign this section and complete page two**

PAYMENT TERMS: \_\_\_\_\_ Net 30 Days \_\_\_\_\_ Credit Card \_\_\_\_\_ Check In Advance

- All invoices are due for payment 30 days after invoice.
- Past due balances are assessed a finance charge of 1 ½% per month which is equal to an annual percentage rate of 18% or the maximum rate authorized by law, whichever is lowest. Any past due accounts will be placed on credit hold.
- Non-current accounts may be placed on a pre-pay basis at our option.
- In the event any account is not paid when due and that legal action is commenced, the prevailing party shall be entitled to its reasonable attorney fees and court costs, including any cost of appeal. Parties hereby agree that if any suit or action is brought to enforce any part of terms of sale herein, venue of said suit should be in the District Court of the State of Florida.
- Signature by you or your authorized representative on this application is presumed to establish your acceptance of the terms and conditions set forth herein, without exception, and to your agreement to comply with said terms.
- It is expressly agreed that at the sole discretion of EPI, if this account is delinquent and is referred to a third party or parties for collection, all additional costs will be borne by the signee.
- Personal credit may be checked as part of credit investigation.

I hereby certify, to the best of my knowledge, that the information submitted for the purpose of securing an account with EPI, and credit, if requested, is true and accurate. I agree as a condition of the extension of credit to pay all invoices within the terms set forth by EPI, in their credit policy/terms of sale.

I hereby authorize the release of any information necessary to assist in establishing a line of credit with EPI.

**Signed** \_\_\_\_\_

**Title** \_\_\_\_\_

Terms of Sale must be signed. **If applying for credit an officer or all partners must sign.**

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

### Certificate of Resale

I hereby certify, that I hold a valid sales tax number \_\_\_\_\_, issued pursuant to the sales tax law; that I am engaged in the business of selling tangible personal property described herein, which I shall purchase from EPI and will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event of any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase of such property. Description of property to be purchased: extruded plastic materials and products.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Approved by: \_\_\_\_\_ TRW \_\_\_\_\_ D & B \_\_\_\_\_

Account Number \_\_\_\_\_ Entered By \_\_\_\_\_ Date \_\_\_\_\_

5902 West Custer Street – Manitowoc, WI 54220 – Phone 920/684-9650 or 888/818-0118 – Fax 920/684-4344

www.epiplastics.com – email: info@epiplastics.

**PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR CREDIT**  
**IF YOUR COMPANY HAS AN EXISTING REFERENCE SHEET, YOU MAY SUBSTITUTE IT FOR THE**  
**2<sup>ND</sup> PAGE OF OUR APPLICATION**

**Business Type:**

Sole Proprietorship  Partnership  (*Info for all Partners*) Corporation  (*Ownership names & Info*) Business is Owned:  Rented

Owner/Representative \_\_\_\_\_ Title \_\_\_\_\_

**Banking Information:**

Bank or Financial Institution Name \_\_\_\_\_

Account Number/s \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Trade References (Four Required)**

**1. Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Acct. No. \_\_\_\_\_

Contact Name \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax\*\*\*** \_\_\_\_\_

**Email \*\*\*** \_\_\_\_\_

**2. Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Acct. No. \_\_\_\_\_

Contact Name \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax\*\*\*** \_\_\_\_\_

**Email\*\*\*** \_\_\_\_\_

**3. Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Acct. No. \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

**Fax\*\*\*** \_\_\_\_\_

**Email \*\*\*** \_\_\_\_\_

**4. Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ Acct. No. \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

**Fax\*\*\*** \_\_\_\_\_

**Email\*\*\*** \_\_\_\_\_

**\*\*\*FAX NUMBER OR EMAIL ADDRESS REQUIRED ON ALL TRADE REFERENCES\*\*\***