



Credit Application

151 Memorial Drive, Unit H
 Shrewsbury, MA 01545
 Ph: 508-842-1606 Fax: 508-842-4406
 Toll Free: 888-792-2223

Date: _____

Billing Address:

Company: _____
 Street Address: _____
 P.O. Box: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

Shipping Address (if different):

Street Address: _____
 City: _____
 State: _____ Zip: _____

Company Information

Federal Tax ID #: _____ Resale Tax ID#: _____
 Type of Business: _____ Years in Business: _____
 Principal (Name and Title): _____
 Parent Company Name/Address: _____
 Accounts Payable Contact: _____ Phone: _____

Trade References

Company Name/Contact	Business City, State	Phone and Fax Numbers

Bank References

Name: _____ Type of Account: _____
 City and State: _____ Account Number: _____

I (we) understand that the information furnished in this credit application is for the purpose of obtaining credit from Plastixs LLC. I represent that I am (we are) authorized in my (our) capacity to bind my (our) firm accordingly. That all monies due Plastixs LLC shall be due and payable at 151 Memorial Drive, Unit H, Shrewsbury, MA 01545 in accordance with Plastixs LLC terms and conditions of sale.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. Plastixs LLC is authorized to investigate any credit references.

Authorized Signature	Title	Date
Plastixs LLC	151 Memorial Drive, Unit H, Shrewsbury, MA 10545	508-842-1606