



Credit Application

Plastixs LLC
151 Memorial Drive, Unit H
Shrewsbury, MA 01545
Tel: 508-842-1606 Fax: 508-842-4406
Toll Free: 888-792-2223
Customer Service: sales@plastixs.com

Date: _____

Billing Address:

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

Shipping Address (if different):

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



*In support of Go Green Initiative®, Plastixs will deliver invoices via email unless otherwise requested. Please provide an email address for paperless invoicing.

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 01545	508-842-1606