



918 Airport Road • Festus, MO 63028
www.plasticglobes.com

CREDIT APPLICATION

Company Legal Name: _____

Address: _____

Phone: _____ Fax: _____

Years in business: _____ Tax ID#: _____

TRADE REFERENCES

Company: _____ Company: _____

Contact: _____ Contact: _____

Phone/Fax: _____ Phone/Fax: _____

Company: _____ Company: _____

Contact: _____ Contact: _____

Phone/Fax: _____ Phone/Fax: _____

BANK REFERENCES

Name of Bank: _____ Phone: _____

Contact: _____ Acct.#: _____

Loan (s) outstanding: yes () no () Balance: _____

SOLE OWNER/PARTNERSHIP

Owners full name: _____

Owners birthdate: _____

Spouse full name (if applicable): _____

Spouse birthdate: _____

SS#: _____ Years in business: _____

Residence address: _____

Residence phone: _____



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CROWN PLASTICS CREDIT APPLICATION
CORPORATION

Chartered in the state of: _____ When: _____

Registered Agent: _____

By signing this application, I authorize CROWN PLASTICS Inc. or its agent to investigate my business, as part of such investigation, I authorize CROWN PLASTICS Inc. to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of credit. If I request you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit reporting agency the furnished the report. We promise to pay our account per the agreed upon terms. In the event it becomes necessary to place out account for collection we agreed to pay all legal fees associated with the collection of this debt.

Company Name

Date:

Authorized Signature

Title:

Returns: no returns are allowed unless an RGA (return goods authorization) has been issued by CROWN PLASTICS Inc. All returns which do not have a clearly marked RGA number will be refused and remain the responsibility of the debtor. There will be a 15% restocking fee on all items returned which are not defective.



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CUSTOMER INFORMATION

Customer Name: _____

Address: _____

Bill to address: _____

Phone number: _____

Fax number: _____

Email address: _____

Accounts Payable: _____

Phone number: _____ Ext. _____

Email address: _____

Purchasing Dept. Contact: _____

Phone number: _____ Ext. _____

Email address: _____

Controller: _____

Phone number: _____ Ext. _____

Email address: _____