



CONFIDENTIAL NEW ACCOUNT APPLICATION

P O Box 97, 15981 Valplast Rd, Middlefield OH 44062

FAX 440-632-1581

Credit Line Requested \$ _____

Company Name _____ Trading As _____

Address _____ P O Box _____

City _____ State/Country _____ Zip Code _____

Telephone No _____ Fax _____ e-mail _____
If applicable: Include Country & City Codes Include Country & City Codes

Principals, Title _____ SS # _____

Principals, Title _____ SS # _____

Type of Business _____ Date Business Started _____ Fed ID# _____

Resale # _____ Sales Tax Exemption # _____ * Provide Copy with Application

___ Proprietorship ___ Partnership ___ Incorporated Year Incorporated _____

Number of locations _____ Number of Employees _____ Annual Sales _____

Financial Statement ___ Attached ___ To follow with this fax transmission ___ Will be mailed separately

Financial Contact _____ Buyer _____

U.S. TRADE REFERENCES

Table with 4 columns: Name, Complete Address, Phone/Fax Number, Account Number. Rows 1, 2, 3.

Bank Name _____ Account No. _____

Bank address _____

Principals authorized signature X _____ Date _____

Division _____ To be completed by Credit and Customer Services Customer # _____

Cash Terms _____ Credit Line _____ D&B # _____

Credit Specialist _____ Date _____

Preferred Carrier _____ Freight Terms _____

Sales Approval:

Representative _____ Rep Code _____ Date _____

Corporate Credit Manager _____ Date _____