



APPLICATION FOR CREDIT

POLYCASE TERMS: **NET 30 TERMS ONLY** - FOB: CLEVELAND, OH
NOTE WE ONLY OFFER TERMS TO COMPANIES WITHIN THE USA AND CANADA

PLEASE NOTE: CREDIT CARD PAYMENTS WILL NOT BE ACCEPTED FOR NET 30 ACCOUNTS; PAYMENT MUST BE MADE BY ACH OR CHECK.

COMPANY NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____ DATE _____

TYPE OF BUSINESS _____ YEAR STARTED _____

INCORPORATED? YES ___ NO ___ FEDERAL ID # _____

NAME OF PRINCIPAL(S) _____

ACCOUNTS PAYABLE CONTACT _____ E-MAIL _____

AMOUNT OF CREDIT REQUESTED \$ _____

TRADE REFERENCES: LIST AT LEAST THREE OPEN ACCOUNTS WITH OTHER SUPPLIERS (PLEASE ATTACH AN ADDITIONAL PAGE IF NEEDED)

COMPANY NAME _____ ACCT # _____

ADDRESS _____

CONTACT NAME _____ PHONE _____

EMAIL ADDRESS _____ FAX _____

COMPANY NAME _____ ACCT # _____

ADDRESS _____

CONTACT NAME _____ PHONE _____

EMAIL ADDRESS _____ FAX _____

COMPANY NAME _____ ACCT # _____

ADDRESS _____

CONTACT NAME _____ PHONE _____

EMAIL ADDRESS _____ FAX _____

**** YOUR TRADE REFERENCES MAY BE USED IN CONJUNCTION WITH YOUR BUSINESS CREDIT REPORTS WHEN MAKING A CREDIT DECISION. ****

I, AS THE COMPANY REPRESENTATIVE, CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT, I HAVE READ AND AGREE TO THE POLYCASE TERMS AND CONDITIONS. I AGREE TO MAKE PAYMENTS ACCORDING TO THE EXTENDED NET 30 PAYMENT TERMS.

NAME _____ TITLE _____ DATE _____

PLEASE EMAIL COMPLETED APPLICATION TO SALES@POLYCASE.COM