

CREDIT APPLICATION

Please Fill out completely

Company Name: _____ Phone (____) ____ - ____ Fax (____) ____ - ____

Billing Address: Street _____
City _____ State _____ Zip _____

Ship to address if different from billing address:

Street _____
City _____ State _____ Zip _____

Owner(s): _____ Phone(____) ____ - ____
Address: Street _____
City _____ State _____ Zip _____

Accounts Payable Contact Name: _____ Phone(____) ____ - ____
Email: _____

Purchase for resale: YES NO If YES, resale # _____

Please check: Corp. Partnership Sole Prop. LLC

Amount of credit desired \$ _____

(Current financial statement will be required to establish credit greater than \$50,000.00)

Credit References

1

Name: _____ Phone (____) ____ - ____ Fax (____) ____ - ____
Address: _____
City: _____ State _____ Zip _____
Contact Person: _____

2

Name: _____ Phone (____) ____ - ____ Fax (____) ____ - ____
Address: _____
City: _____ State _____ Zip _____
Contact Person: _____

3

Name: _____ Phone (____) ____ - ____ Fax (____) ____ - ____
Address: _____
City: _____ State _____ Zip _____
Contact Person: _____

Bank Information

Bank Name: _____
Address: _____
City: _____ State _____ Zip _____
Account No: _____ Contact Name: _____
Phone (____) _____ - _____ Fax (____) _____ - _____

Dunn & Bradstreet # _____

Payment Terms

The Customer will pay for product within 30 days from the date of shipment. Currency and interest on overdue accounts shall be as set forth on the invoice, or at such rate as API Kirk Containers may specify from time to time. Credit arrangements and terms are subject to amendment by API Kirk Containers, if payment conditions are not considered satisfactory to API Kirk Containers.

Applicant's signature attests to financial responsibility, ability and willingness to pay our invoices within our terms. I (we) certify that the above information is true and correct. Should it be necessary to assign the account balance to a licensed collection agency or an attorney for legal action, all subsequent collection charges and/or legal fees shall be paid by the applicant.

Name: _____

Title: _____

Signature: _____

Date: _____



2131 S. GARFIELD AVENUE, COMMERCE, CA 90040 . (323) 888-1077 . FAX (323) 888-6187

California Resale Certificate

(Name of purchaser)

(Company Name)

(Company Address)

I HERBY CERTIFY: I hold valid seller's permit No.

Issued pursuant to the Sales and Use tax Law; that I am engaged in the business of selling

that the tangible personal property, described herein which I Shall purchase from:

will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it

for sale in the regular course of business, it is understood that I am required by the Sale and Use tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased

Date: _____, 20_____

(Signature of Purchaser or Authorized Agent)

(Title)



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BANK AUTHORIZATION

This is a letter of authorization to release credit information from your bank on your company listed below to ARTHURMADE PLASTICS, INC. All information received will be used for the sole purpose of establishing credit with our company and will be held in strict confidence.

Company Name

Bank

Address

Account Number

City, State, Zip Code

Authorized Signature