

CREDIT APPLICATION

Please fill out completely. If you have a credit reference sheet of your own, please sign this form and attach your sheet. We will also need a CRT-61 Certificate of Resale for tax exemption.

Corporation

Partnership

Sole Proprietorship

Business Name: _____
Street Address: _____ State: _____ Zip: _____
City: _____
Phone: _____ Fax: _____

Commercial Trade References

Company Name: _____ Contact: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Email Address: _____

Company Name: _____ Contact: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Email Address: _____

Company Name: _____ Contact: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Email Address: _____

Bank Reference

Company Name: _____ Contact: _____
Street Address: _____ Contact: _____
City, State, Zip: _____ Phone: _____
Account Number: _____ Fax: _____

We hereby agree to pay for all goods purchased within the terms of sale (Net 30 days, unless otherwise agreed) given by HandiSOLUTIONS® (A Division of Custom Plastics, Inc.).

We hereby authorize Custom Plastics, Inc. to contact and investigate any credit references given. We understand that any information so obtained will be kept strictly confidential and used only for the purposes of credit evaluation.

Signature of Authorized Buyer

Date

Title