

## 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