

METRO PLASTICS CREDIT APPLICATION

CONTACT & ACCOUNT INFORMATION

COMPANY NAME:		CONTACT NAME:	
POSITION:		YEARS IN BUSINESS:	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GENERAL PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> NONPROFIT ORGANIZATION	<input type="checkbox"/> HOME BUSINESS	<input type="checkbox"/> OTHER

BILLING

COMPANY NAME:		CONTACT NAME:	
ADDRESS:		CITY:	STATE: ZIP:
EMAIL: <small>(Must be provided for paperless billing)</small>		PHONE:	FAX:

SHIPPING - CHECK IF SAME AS BILLING

COMPANY NAME:		FEDEX ACCOUNT #:	UPS ACCOUNT #:
ADDRESS:		CITY:	STATE: ZIP:
EMAIL:		PHONE:	FAX:

TRADE REFERENCES (4 REQUIRED)

1	COMPANY NAME:	CONTACT:		
	ADDRESS:	CITY:	STATE:	ZIP:
	EMAIL:	PHONE:	FAX:	
2	COMPANY NAME:	CONTACT:		
	ADDRESS:	CITY:	STATE:	ZIP:
	EMAIL:	PHONE:	FAX:	
3	COMPANY NAME:	CONTACT:		
	ADDRESS:	CITY:	STATE:	ZIP:
	EMAIL:	PHONE:	FAX:	
4	COMPANY NAME:	CONTACT:		
	ADDRESS:	CITY:	STATE:	ZIP:
	EMAIL:	PHONE:	FAX:	

BANK REFERENCES

BANK NAME:	CONTACT:		
ACCOUNT TYPE:	ACCOUNT #:		
EMAIL:	PHONE:	FAX:	

CERTIFICATION & AUTHORIZATION

I certify that all the information contained in this application and any attachments are true and correct. Service is provided under Metro Plastics General Terms and Conditions.

I AGREE THAT METRO PLASTICS MAY REQUEST CREDIT INFORMATION FROM THE THIRD PARTIES AND I AUTHORIZE THE RELEASE OF SUCH INFORMATION FROM THE CUSTOMER'S FINANCIAL INSTITUTION AS PART OF THIS APPLICATION FOR METRO PLASTICS CREDIT.

SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:
DATE:	TITLE OF APPLICANT: