9 Guttman Avenue – Charleroi PA 15022 PH: 800-831-5600
***Fax Application To: 724-483-9306***
***Or Email To: rachel.baldwin@nationalpolymers.com***

**APPLICATION FOR CREDIT** ALL INFORMATION MUST BE COMPLETED IN DETAIL OR APPLICATION WILL NOT BE PROCESSED

| | | |
|---|---|---|
| Company Name | | Phone # _____<br>Mobile #_____<br>Fax # |
| Billing Address | | |
| City | State | Zip Code |
| Email Address: | | |

Business Is a: ☐ Corporation ☐ Partnership ☐ Individual

Year Started_____ State of Inc. _____Federal I.D/SSN.#:_____

Dun & Bradstreet Rating_____

Type of Business: _____ Years in Business_____ No. of Employees: _____

Annual Sales _____ Net Worth_____ Credit Amount Desired _____

Owner/President Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

**Bank References**

| | | |
|---|---|---|
| Name | Contact Name | Phone No |
| Street Address | City, State, zip Code | Fax No. |

**Trade References**

| | | |
|---|---|---|
| 1. Name | Phone No. | Fax No. |
| Street Address | City, State, Zip Code | Email Address |
| 2. Name | Phone No. | Fax No. |
| Street address | City, State, Zip Code | Email Address |
| 3. Name | Phone No. | Fax No. |
| Street Address | City, State, Zip Code | Email Address |

The above information is correct to the best of my knowledge. I am aware that any and all invoices rendered are expected to be paid within the stated terms and failure to comply could result in the cancellation of extended credit privileges. I have read the terms and conditions of sale and the disclaimer of warranties and limitations of our liability.

_____ _____ _____

Signature Date Title