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 Elkton, MD 21921
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Credit Application

Business Information:

Date: _____

New Customer Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____ E-Mail: _____
 Type of Business: _____ Year Established: _____
 Contact: _____ Est. Monthly Purchase: _____

Vendor References: (Complete Information is essential)

Firm Name: _____ *Address:* _____
City: _____ *State:* _____ *Zip:* _____ *Phone:* _____ *Fax:* _____
Contact: _____

Firm Name: _____ *Address:* _____
City: _____ *State:* _____ *Zip:* _____ *Phone:* _____ *Fax:* _____
Contact: _____

Firm Name: _____ *Address:* _____
City: _____ *State:* _____ *Zip:* _____ *Phone:* _____ *Fax:* _____
Contact: _____

Firm Name: _____ *Address:* _____
City: _____ *State:* _____ *Zip:* _____ *Phone:* _____ *Fax:* _____
Contact: _____

Bank References:

Name of Bank: _____ *Address:* _____
City: _____ *State:* _____ *Zip:* _____ *Phone:* _____ *Fax:* _____
Contact: _____

Other Background Information:

1. A copy of your most current available financial statement or facsimile acceptable to the credit manager must accompany this application for it to receive full and fair consideration.
2. Please list any other information that should be taken into consideration during our review, and whether or not you have done business with the Plasticoid Company before? _____

Signature: _____ **Date:** _____