



LAIRD PLASTICS INC. CREDIT APPLICATION

If you are not currently a LAIRD PLASTICS credit customer and wish to become one, please complete all fields and click submit. By completing this application you will help us to expedite the preliminary approval process required to become a LAIRD PLASTICS credit customer. The completed application form is reviewed by our financial department and is held in strict confidence in accordance with our corporate confidentiality regulations. You will be contacted within 5 days of the disposition of your application. When your application has been approved you will be notified of your credit limit at that time.

AMOUNT OF CREDIT DESIRED _____

APPLICATION CONTACTS' FULL NAME _____

APPLICATION CONTACTS' EMAIL ADDRESS _____

BUSINESS NAME _____

SALES TAX EXEMPT (PLEASE CHECK ONE) **YES** **NO**

BUSINESS ADDRESS _____

SHIPPING ADDRESS _____

BUSINESS PHONE _____ **BUSINESS FAX** _____

OWNERS NAME _____

OWNERS HOME PHONE _____

OWNERS DATE OF BIRTH _____

FEDERAL TAX ID OR OWNERS SSN/SIN _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____

DO YOU (PLEASE CHECK) **RENT** **OWN** **LEASE** **YOUR BUILDING?**

TYPE OF BUSINESS (CHECK ONE) **SOLE OWNERSHIP** **PARTNERSHIP** **CORPORATION**

BANK NAME _____

BANK OFFICERS NAME _____

ADDRESS _____

ACCOUNT NUMBERS _____

BANK PHONE _____

THREE (3) TRADE REFERENCES

BUSINESS NAME _____

PHONE No. _____

PRODUCTS PURCHASED _____

ADDRESS (STREET, CITY, STATE, ZIP) _____

BUSINESS NAME _____

PHONE No. _____

PRODUCTS PURCHASED _____

ADDRESS (STREET, CITY, STATE, ZIP) _____

BUSINESS NAME _____

PHONE No. _____

PRODUCTS PURCHASED _____

ADDRESS (STREET, CITY, STATE, ZIP) _____