



PLASTIC INDUSTRIES, Inc

Credit Application

Billing Information

Full Legal Name _____ Business Tel # _____ Fax # _____
 Street Address _____ City _____ State _____ Zip _____
 Shipping Address (if different) _____ City _____ State _____ Zip _____
 How long have you been in business? _____ Type of business _____

Business Credit Application

Principal Authorizes Officer _____ Title _____
 Contact Person(s) _____

Bank Reference

Bank Name _____ Contact _____ Account# _____
 Bank Address: _____ City _____ State _____ Zip _____
 Telephone Number _____ Fax Number _____

Trade References

1) Name _____ Tel _____ Contact _____
 Address _____ City _____ State _____ Zip _____
 2) Name _____ Tel _____ Contact _____
 Address _____ City _____ State _____ Zip _____
 3) Name _____ Tel _____ Contact _____
 Address _____ City _____ State _____ Zip _____

We certify that the information requested is accurate. We attest all financial responsibility and ability to pay all invoices in accordance with the specified terms stated on the seller's invoice. We agree to all Warranty Policies. We also personally guarantee any future indebtedness. In the event of any past due amounts we agree to pay 1 ½% monthly finance charge and in the event of nonpayment, any collection costs, court costs, and attorney fees. I hereby authorize above bank and suppliers (references) to release credit information on my account to the Plastic Industries, Inc. credit department personnel. Full financials will be required for credit requests of \$20,000.00 or over.

Auth. Signature _____ Print Name _____ Title: _____ Date: _____

INDIVIDUAL PERSONAL GUARANTEE

I, (name) _____ residing at (address) _____ for and in consideration of your extending credit at my request to (company) _____ (hereinafter referred to as the "company"), of which I am (title) _____, hereby personally guarantee to you the payment at Plastic Industries Inc. In the state of Idaho any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice default, non-payment and notice hereof and consent to any modification of renewal of credit agreement hereby guarantee.

Auth. Signature _____ Print Name _____ Title: _____ Date: _____

P.O. Box 332 • 303 S. State St., Preston, ID 83263 • Phone (208) 852-5600 • Fax (208) 852-3113