

Credit Application



Plascon

PACKAGING | EQUIPMENT | EXPERTISE

Plascon Division that you will be purchasing from:

Food Solutions Blown Films
 Bulk Packaging Work Programs

Company Information		
Company Name:		Contact Person:
Type of Business:		Year Opened:
Address:		
City:	State:	Zipcode:
Phone Number:	Fax:	E-Mail Address:
Federal ID# or SS#:		Principal's Name:
Bank Reference		
Name:		Account #:
Phone Number:		Date Account Opened:
Address:		
City:	State:	Zipcode:
Trade References		
Firm Name:		Phone:
Firm Name:		Phone:
Firm Name:		Phone:

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____