



## ACCOUNT CREDIT APPLICATION

Please allow 1 to 2 weeks to establish credit.  
A cheque with your first order will guarantee prompt shipping.

Trading name \_\_\_\_\_

IRS TAX Identification no.  
(US Customers only) \_\_\_\_\_

Company name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal / Zip Code \_\_\_\_\_

No. GST / PST / HST / (Canadian customers) \_\_\_\_\_

Name of the buyer \_\_\_\_\_

Accounts payable manager \_\_\_\_\_

Name of owner / president \_\_\_\_\_

In business since \_\_\_\_\_

Type of business \_\_\_\_\_

Category or main lines carried \_\_\_\_\_

Your bank \_\_\_\_\_

Bank address \_\_\_\_\_

Bank telephone \_\_\_\_\_

Bank Account executive name \_\_\_\_\_

### REFERENCES:

Please list the names and **FAX numbers of at least 5 of your suppliers**

Company: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Return this form by fax to:

**Plasticase Inc.**  
1059 Boulevard des Entreprises Ouest  
Terrebonne QC Canada  
J6Y 1V2  
**Fax: 1-888-783-6883**