

Credit Application

APPLICATION INFORMATION Applicant (Corporate Name): Business Name: ______ Mailing Address: ______ Shipping Address: Phone Number: _____ Fax Number: _____ In Business Since: ____/___/___ As a ____ Corporation _____Partnership ____ LLC ____ Proprietorship Number of Employees: ______ Type of Business: _____ Federal T.I.N _____ Tax Year End Date: ______ Has Applicant ever done business under any other name? (Y/N) If so, explain: _____ Amount of credit requested \$ _____ What product do you intend to purchase from ABC Polymer Industries? Name of your Sales Representative: _____ NAMES OF OWNER/PRESIDENT/PARTNERS/CORPORATE OFFICERS **1)** Name: _____ Social Security No. _____ Home Phone: _____ Home Address: _____ Email Address: **2)** Name: _____ Social Security No. _____ Home Phone: Home Address: Email Address: **3)** Name: _____ Home Phone: _____ Social Security No. _____ Home Address: _____ Email Address:

Name of Chief Financial Officer:	
Email Address:	
	s, or principals ever filed a voluntary petition in bankruptcy, been adjudged nefit of creditors? If so, please state date and name of court:
Is the applicant or any of its owners, partne	ers, or principals a guarantor or endorser of debts or notes owed by others:
If so, explain	
Dun &Bradstreet No.	
Bonding Agent Name & Address:	
most recent fiscal year, prepared in accorda audited by independent certified public accunaudited balance sheet and related statemerecent fiscal year, prepared in accordance w	atements of income, stockholders' equity and cash flows of Applicant for its ince with generally accepted accounting principles consistently applied, and countants. If audited financial statements are not available, please attach an ents of income, stockholders' equity and cash flows of Applicant for its most with generally accepted accounting principles. RMATION (AT LEAST ONE BANK REFERENCE IS REQUIRED)
Please ensure that phor	ne, fax, and email address are complete and current.
1) Bank Name:	Phone Number:
Address:	Fax Number:
Branch Location:	
Checking Account #	Other Account #s
Loan Account #	
Contact:	
2) Bank Name:	Phone Number:
Address:	
Branch Location:	
Checking Account #	Other Account #s
Loan Account #	
Contact:	

TRADE INFORMATION (AT LEAST THREE MAJOR TRADE REFERENCES ARE REQUIRED)

Please ensure that you have provided at least three trade references who currently extend the amount of credit you are requesting from ABC Polymer.

1) Name:	
Address:	
Contact:	
Email Address:	Phone Number:
	Fax Number:
2) Name:	
Address:	
Contact:	
Email Address:	Phone Number:
	Fax Number:
3) Name:	
Address:	
Contact:	
Email Address:	Phone Number:
OPERATI	IONAL INFORMATION
1) Accounts Payable Contact:	
Email Address:	Phone Number:
How would you like your invoices sent?	
Mailed (Address):	
Emailed:	
2) Purchasing Contact:	
Email Address:	Phone Number:
3) Please attach a copy of State Sales Tax Exempti Exemption Number.	on Certificate (also referred to as Reseller Certificate) or State Tax
4) Return this completed and signed form to your	contacts at ABC Polymer Industries:
Customer Service: Leslee Quiggle at leslee	e@alabag.com or (205) 620-9889 x100
Accounting: Nanacy Ingram at nancy@abo	cfibers com or (205) 620-9889 x 118

TERMS OF SALE

As used herein, the term "ABC" shall refer to ABC Polymer Industries, LLC and its subsidiaries.

ABC'S SOLE AND EXCLUSIVE WARRANTY WITH REGARD TO ANY MATERIAL ABC SELLS IS THAT THE MATERIAL IS THE GRADE AND SIZE SPECIFIED BY THE INVOICE ABC ISSUED WITH REGARD TO THE PURCHASE OF SUCH MATERIAL BY PURCHASER. ABC HEREBY EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES, BOTH EXPRESS AND IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTY OF MERCHANTABILITY AND IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE.

Purchaser's sole and exclusive remedy against ABC for breach of its limited warranty is that ABC shall, following receipt of notice from Purchaser, replace any nonconforming material with material of the grade and size specified by ABC's invoice issued to Purchaser. Purchaser agrees that no other remedy (including but not limited to, incidental or consequential damages for lost profits, lost sales, injury to person or property, or any other incidental or consequential loss) shall be available to Purchaser for any breach of warranty claim.

Any payment not made within 30 days from the date of invoice shall be deemed past due. A finance charge of 1.5 % per

month or the highest rate permitted by law, whichevaccounts.	ver is less, may be assessed at ABC's sole discretion on all past due
The terms of ABC's invoices shall be governed by an	d construed in accordance with the laws of the State of Alabama.
the undersigned is authorized to sign for and bind the business entity and that the undersigned is authoriz	information furnished herein is true and correct and certifies that he Applicant. By signing below, the Applicant attests that it is a validated to make this application on the Applicant's behalf, and that all the best of the undersigned's knowledge. The Applicant agrees to ting from this credit research.
acknowledges that they are incorporated herein an	It accepts the Terms of Sale contained in this application and d made a part hereof. The Applicant hereby agrees that ABC may vailable, now and in the future, including but not limited to contactetion.
Executed this day of, 20_	
	APPLICANT:
	(Company Name)
	Ву:

lts: ____