

ALLEGHENY

PLASTICS, INC.

1224 FREEDOM ROAD □ CRANBERRY TOWNSHIP, PA 16066

Phone 800-933-4123 □ Fax 724-776-2909

CREDIT APPLICATION

Business Name: _____ Phone: _____
Street Address: _____ Fax: _____
Mailing Address: _____ Your Business Began: _____
City, State, Zip: _____, _____ Legal entity: Individual
Duns # _____ Partnership
 Corporation

OWNERSHIP INFORMATION: (Must be provided by all Proprietorships and Partnerships, and by any Corporation in business 3 years or less)

	NAME	SOC. SEC. NO.	TITLE	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

TRADE REFERENCES:

1.	Name: _____	Address: _____	Phone: _____
		City: _____ State: _____ Zip: _____	Fax: _____
2.	Name: _____	Address: _____	Phone: _____
		City: _____ State: _____ Zip: _____	Fax: _____
3.	Name: _____	Address: _____	Phone: _____
		City: _____ State: _____ Zip: _____	Fax: _____

BANK INFORMATION:

Bank Name: _____ Phone #: _____ Fax #: _____
Address: _____ Account #: _____
City, State, Zip: _____, _____ Contact Name: _____

Have you done business with us in the past under a different name? If so, please explain:

If you have ever declared bankruptcy, location, type, and status: _____

AUTHORIZATION

The undersigned authorizes Allegheny Plastics, Inc. to check all trade references and bank information for the purpose of extending credit to the applying firm. The applying firm will meet all commitments it makes, including payment of invoices according to Allegheny Plastics, Inc.'s published terms, and reasonable service charges and collection costs associated with collecting the account should it become past due.

Submitted by: Name: _____ Title: _____
Signature: _____ Date: _____

This form must be signed by Proprietor, Partner or Corporation Officer.