

# CREDIT APPLICATION

Please complete this form and email to: [cwestfall@cisaplastusa.com](mailto:cwestfall@cisaplastusa.com)



Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME** \_\_\_\_\_

## BILLING ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

## SHIPPING ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**CHECK ONE**     Corporation     Partnership     Single Proprietor

Tax ID Number (TIN) \_\_\_\_\_

Export Tax ID Number \_\_\_\_\_  
(International Shipments Only)

## NAME OF COMPANY OFFICERS OR OWNER(S)

President \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Vice President \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Treasurer \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PURCHASING CONTACT** \_\_\_\_\_ Email \_\_\_\_\_

**ACCOUNT PAYABLE CONTACT** \_\_\_\_\_ Email \_\_\_\_\_

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## TRADE REFERENCES

Give complete Name, Address with Zip Code, Phone Number, Fax Number and Account Number.

**1**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ Account # \_\_\_\_\_

**2**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ Account # \_\_\_\_\_

**3**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ Account # \_\_\_\_\_

## BANK REFERENCE

Give complete Name, Address, Phone Number, Person to Contact and Account Number.

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Account # \_\_\_\_\_ D & B # \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

Please Attach Your Sales Tax Certificate of Resale