

# CREDIT APPLICATION



Complete this form & email to [info@cisaplastusa.com](mailto:info@cisaplastusa.com); attach your resale certificate (for tax exemption) if applicable

COMPANY NAME \_\_\_\_\_

**BILLING ADDRESS**

Street \_\_\_\_\_

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

Main Phone \_\_\_\_\_ Email \_\_\_\_\_

**PURCHASING CONTACT**

Name \_\_\_\_\_ Email \_\_\_\_\_

**TRADE REFERENCES**

• Name \_\_\_\_\_

Street \_\_\_\_\_

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

Contact Name / Phone / Email \_\_\_\_\_

• Name \_\_\_\_\_

Street \_\_\_\_\_

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

Contact Name / Phone / Email \_\_\_\_\_

• Name \_\_\_\_\_

Street \_\_\_\_\_

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

Contact Name / Phone / Email \_\_\_\_\_

**BANK REFERENCE**

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Contact Name / Phone / Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_