

**Aetna Plastics Corp.**

**Credit Application**

Phone: 216-781-4421 Fax: 216-524-2280

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Established: \_\_\_\_\_ Fed ID No: \_\_\_\_\_ DUNS No: \_\_\_\_\_

Ownership:  Corporation  Sole Proprietorship  Partnership  LLC

Taxable:  Yes  No Note: If non-taxable, please provide tax exempt certificate

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Trade References (Must include fax number)**

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

**Bank Reference**

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Applicant certifies that all information contained herein is true and correct. Applicant grants permission to obtain independent credit reports. The applicant authorizes the credit references and bank references to release information to Aetna Plastics Corp. for use in making credit decisions. Applicant agrees to pay all bills as rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Must be signed by owner, partner or corporate officer