

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