



# N.E.W. Plastics Corp.

Corporate Office  
112 Fourth Street  
PO Box 480  
Luxemburg, WI 54217-0480  
(920) 845-2326  
(920) 845-2439 fax

## APPLICATION FOR CREDIT

|                                |  |  |  |
|--------------------------------|--|--|--|
| <b>• COMPANY INFORMATION •</b> |  | Desired credit limit: \$   |  |
| Company Name:                  |  | Phone:   |  |
| Address:                       |  |  |  |
| City / State / Zip:            |  | Fax:   |  |
| Annual Sales:                  |  | Number of employees:   |  |
| Date business started:         |  | Business Type: <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Corporation |  |
| <b>• PRINCIPALS •</b>          |  |  |  |
| Name                           |  |  |  |
| Title                          |  |  |  |
| Address                        |  |  |  |
| Phone #                        |  |  |  |

|                             |                    |
|-----------------------------|--------------------|
| <b>• BANK INFORMATION •</b> |                    |
| Bank:                       | Phone:             |
| Address:                    |                    |
| Account #:                  | Contact Name: Fax: |

|  |        |
|--|--------|
| <b>• TRADE REFERENCES •</b> (Four largest trade creditors) |        |
| 1. Company:  | Phone: |
| Address:   |        |
| Contact:   | Fax:   |
| 2. Company:  | Phone: |
| Address:   |        |
| Contact:   | Fax:   |
| 3. Company:  | Phone: |
| Address:   |        |
| Contact:   | Fax:   |
| 4. Company:  | Phone: |
| Address:   |        |
| Contact:   | Fax:   |

### PAYMENT TERMS AND CONDITIONS:

I, the undersigned, certify that the information on this Application for Credit is true and correct to the best of my knowledge. Upon credit approval, I understand the billing terms of N.E.W. Plastics Corp. are typically Net 30 days from the invoice date, unless agreed to otherwise in writing. A late charge of 1.5% per month shall be applied on invoices past due. I guarantee to pay all costs and expenses of any collection fees or legal proceedings, including reasonable attorneys' fees, to collect any delinquent account. My signature below authorizes N.E.W. Plastics Corp. to contact any or all references listed above as well as to authorize these references to disclose financial information requested by N.E.W. Plastics Corp. for credit informational purposes.

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

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