



PLASTICS
Pressure & Vacuum Forming

CREDIT APPLICATION

Accel Plastics credit terms are net 30.

For the purpose of establishing credit with Accel Plastics the undersigned furnishes the following:

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Purchasing Dept. Contact: _____

Accounts Payable Contact: _____

Phone #: _____ Fax#: _____

Shipping Preference: _____ Acct #: _____

Type of business: _____

REFERENCES:

Name Phone # Fax #

Name Phone # Fax #

Name Phone # Fax #

Name Phone # Fax #

Bank Branch Acct#

Contact: Phone #:

Applicant authorizes Accel Plastics to obtain credit/financial information from the above references.

Signature and Title Date