

CUSTOMER CREDIT INFORMATION

Customer Name		
Address		
City	State	Zip Code
Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Co-op <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub-S Corp <input type="checkbox"/> Subsidiary** <input type="checkbox"/> LLC		
**Parent company name and address:		
Financial contact and title		Phone Number
Line of business (manufacturer, retailer, distributor, etc.)		DUN's Number
Trade references (<i>Two requested</i>) - Please give complete addresses		
1. Name _____		
Street _____		
City _____	State _____	Zip _____
Phone Number _____	Contact _____	FAX # _____
2. Name _____		
Street _____		
City _____	State _____	Zip _____
Phone Number _____	Contact _____	FAX# _____
Bank Reference:		
Name _____		FAX # _____
Street _____		
City _____	State _____	Zip _____
Phone Number _____	Account #: _____	Contact _____
Please attach a copy of your most recent financial statement. Your statement will be kept in strict confidence.		
<small>The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580.</small>		
<i>Release of credit information:</i>		
<small>The above information is for the purpose of obtaining credit and is warranted to be true. I/We authorize Alliance Polymers and services, LLC. to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms. Any changes in terms will be agreed between both parties in writing.</small>		
Name: _____		Title: _____
Signature: _____		Date: _____
PLEASE DO NOT WRITE BELOW THIS LINE--TO BE COMPLETED BY SALES PERSON		
Estimated credit line requirements \$ _____		Estimated Date of opening order: _____
Estimated amount of opening order: \$ _____		
Other remarks on opening order: _____		
Sales Person's Name	Telephone #	Group Division/Region

Please return this completed form to:

Alliance Polymers and Services, LLC.
 Credit Department
 30735 Cypress Road, Suite 400
 Romulus, MI 48174

Originator Initials: _____

PLEASE FAX THIS COMPLETED FORM TO: 734-710-6715