



Bio Plas Inc. Credit/Distributor Application

Please complete form, print, sign and email to Jam@bioplas.com or fax to (415) 472-3758

Business Information

Company Name _____
Address _____
City/State/Zip _____
E-mail _____
Phone/Fax _____
Website _____

Purchasing Contact

Name _____
E-mail _____
Phone _____
Business Type Sole Proprietor Partnership/LLC

Types of Products Purchasing _____

Have you had credit with us before? Yes No

Years in business _____

Are you sales tax exempt? Yes No

Resale license # _____

Projected Annual Bio Plas Purchases _____

Names/Addresses of Individuals, Partners or Corporate Officers _____

Main Contact Information

Name _____
Address _____
City/State/Zip _____
E-Mail _____
Phone/Fax _____

Accounts Payable Contact

Name _____
E-mail _____
Phone _____
Corporation No. of Employees _____

If yes, under what name? _____

Amount of Credit Requested \$ _____

Purchase order required? Yes No

Federal Tax ID Number _____

Authorized Purchasers _____

Trade References

Reference #1 Name _____
 Address _____
 City/State/Zip _____
 E-Mail _____
 Phone/Fax _____

Reference #2 Name _____
 Address _____
 City/State/Zip _____
 E-Mail _____
 Phone/Fax _____



Bank References

Bank #1

Name of Bank _____

Contact Person _____

Account # _____

Address _____

City/State/Zip _____

E-Mail _____

Bank #2

Name of Bank _____

Contact Person _____

Account # _____

Address _____

City/State/Zip _____

E-Mail _____

General Terms and Conditions

1. Invoices are sent at the time of each shipment. You may take the 1% discount as indicated on the invoice if you pay the invoice within 10 days of invoice date.
2. All bills become payable in full within 30 days from invoice date.
3. A service charge of 2% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

Authorized Signature

I represent that the above information is true and is given to induce **BIO PLAS** to extend credit to the applicant. My company and I authorize **BIO PLAS** to make such credit investigation as **BIO PLAS** sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to **BIO PLAS** any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated above and agree to all of these terms and conditions.

Authorized Signature _____

Printed Name _____

Title _____ Date _____