



# 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_



**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 \_\_\_\_\_