

Bio Plas Inc. Offshore Distributor Application

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

Business Information

Company Name _____

Address _____

Country/City/State _____

E-mail _____

Phone/Fax _____

Website _____

Purchasing Contact

Name _____

E-mail _____

Phone _____

Business Type: Sole Proprietor Partnership/LLC Corporation

Main Contact Information

Name _____

Address _____

Country/City/Stat _____

E-Mail _____

Phone/Fax _____

Accounts Payable Contact

Name _____

E-mail _____

Phone _____

No. of Employees _____

Types of Products Purchasing _____

Years in business _____

Purchase order required? _____

Names/Addresses of Individuals, Partners or Corporate Officers

Authorized Purchasers

Trade References

Reference #1 Name _____

Address _____

Country/City/State _____

E-Mail _____

Phone/Fax _____

Reference #2 Name _____

Address _____

Country/City/State _____

E-Mail _____



Bio Plas, Inc.

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: _____