

**MAGIC PLASTICS, INCORPORATED
APPLICATION FOR CREDIT**

Magic Plastics, Inc. • 25215 Avenue Stanford, Valencia, CA. 91355 • USA
Phone (661)257-4485 • Fax (661)257-1911 • Email customerservice@magicplastics.com



The undersigned is applying for credit with Magic Plastics, Incorporated and agrees to abide by the terms and conditions of Magic Plastics' purchasing contract. Please complete, sign and return this form along with your credit references (Minimum 4.) This application MUST be signed by the Principal or Owner of the Company or Corporation.

GENERAL INFORMATION

Business Name _____
Address _____
City, State & Zip Code _____
Phone _____ Fax _____ Email _____ Date Established _____
Name of Parent Company if Subsidiary _____
Address of Parent Company _____
Type of Business _____
At Present Location Since _____ Are Premises Leased or Owned? _____
If Yes, Under Laws of Which State _____ Federal Tax ID Number _____
Name of Principal / Owner _____ SSN _____
Residence Address _____
City, State & Zip Code _____

BANKING AFFILIATIONS

Bank Name _____
Address _____
City, State & Zip Code _____
Phone _____ Fax _____ Account # _____
Type of Account: Commercial Savings Loan Other

ORDERING INFORMATION

Are Written Purchase Orders Required: Yes No
Purchasing Agent _____ Phone _____ Email _____
Accounts Payable _____ Phone _____ Email _____

All accounts are COD until this credit application has been completed, reviewed and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

PRINCIPAL / OWNER SIGNATURE REQUIRED

Name _____ Authorized Signature _____
Title _____ Date _____

FOR OFFICE USE ONLY

Sales Representative _____ Credit Manager's Signature _____
Date Approved _____ Credit Limit _____