

ADART POLY BAG

1670 Old Country Road
Suite 214
PO Box 615
Plainview, NY 11803

Tel: (516) 932-1001 | Fax: (516) 932-1043
sales@adartpolybag.com

CREDIT APPLICATION

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Public Corp: __ Private Corp: __ Partnership __ Self Employed __ Other __

Date Started: _____ Type of Business: _____

Total Sales: _____ No. Employees: _____ Bought from us before? Y / N

Owner/President/CEO: _____ Title: _____

Financial Officer: _____ Title: _____

Accounting Contact: _____ Title: _____

Div./Subsidiary of: _____

Address: _____

Bank: _____ Account No.: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

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Trade References:

1. Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____ Fax: _____

2. Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____ Fax: _____

3. Company Name: _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____ Fax: _____

Adart Poly Bag, Inc. has our permission to obtain financial information from the above references. Any litigation arising under this business arrangement shall be properly venued only in a state or federal court situated in the State of New York (without regard to the conflict of law principles thereof and the convenience of the parties).

Name: _____ Title: _____

Authorized Signature: _____ Date: _____