



Credit Application

Form QF 7.2-7



<i>For Office Use Only</i>	<i>Credit Limit: \$</i>	<i>Salesperson:</i>	<i>Cust ID:</i>
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PLEASE TYPE OR PRINT: *Please attach a list of additional locations (if applicable)*

NAME OF FIRM: _____

BILL TO: Address _____

City _____ State _____ Zip + 4 _____

Accounts Payable Contact _____ Email _____

Phone Number () _____ Fax () _____

Format for receiving invoices Fax Email _____

SHIP TO: Address _____

City _____ State _____ Zip + 4 _____

Buyer _____ Email _____

Phone Number () _____ Fax () _____

	BUSINESS DESCRIPTION	SIC CODE
Contractor <input type="checkbox"/>	Industrial <input type="checkbox"/>	
Mechanical Contractor <input type="checkbox"/>	Municipality <input type="checkbox"/>	
Plumber <input type="checkbox"/>	Residential <input type="checkbox"/>	
Engineer <input type="checkbox"/>	Other <input type="checkbox"/>	

Number of Years in Business _____ Web Site _____ P.O. Required No Yes

BUSINESS TYPE <input type="checkbox"/> Personal S.S.# _____ Name _____ Title _____ Residence Address _____ City, State, Zip +4 _____ Phone # () _____ Fax # () _____	BUSINESS TYPE <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Name of Officers /Owners _____ Title _____ _____ Title _____ _____ Title _____ _____ Title _____ Federal Tax I.D. No. _____
Are You Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Please Include a Copy Of Your Tax Exempt/Resale Certificate With This Application	

BUSINESS TRADE REFERENCES- Please list full Names, Addresses, Phone & Fax Numbers. No Banks or Credit Cards please.

1. Name _____
Address _____
Phone Number () _____ Fax Number () _____

2. Name _____
Address _____
Phone Number () _____ Fax Number () _____

3. Name _____
Address _____
Phone Number () _____ Fax Number () _____

HOW DID YOU HEAR ABOUT FLN-MAR? _____

We certify that all information on this form is correct, and that we fully understand your credit terms (net 30 days unless expressed otherwise) and agree to pay payment in consideration of extended credit. We also agree to pay all cost associated with the collection of any debt owed and interest after due date to FLN-MAR Rubber & Plastics, Inc. including legal expenses.

SIGNED _____ Print Name and Title _____ Date _____

FLN-MAR Rubber & Plastics, Inc.
 102 Cabot Street Suite 8 • P.O. Box 307 • Holyoke, MA 01040
 Phone 413-536-3913 • 800-462-2525 Fax: 413-536-8251
 Web Site: www.flnmar.com Email: info@flnmar.com

Approvals <i>David Cistoldi</i>	Approvals <i>Stan Rodak</i>	Revision / Date D 04/10/08	Reason For Change Invoice Format
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