



Plastic Fasteners Distributors
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CREDIT APPLICATION

PRINT, TYPE, OR WRITE ALL INFORMATION CLEARLY. IF YOU DO NOT HAVE A DUNS (D&B) ACCT #, A 50% PRE-PAYMENT IS REQUIRED TO PROCESS ANY ORDERS. TO APPLY FOR A D&B ACCOUNT, GO TO: WWW.D&B.COM. NEW CUSTOMER ACCOUNTS REQUIRE 50% PREPAYMENT ON FIRST ORDER. ASK ABOUT OUR BUSINESS ACCOUNT PAYMENTS THROUGH PAYPAL.

Date: _____
 Accounts Payable Contact Name: _____
 Phone: _____ x _____ FAX: _____ Email: _____
 PARTNERSHIP SOLE PROPRIETORSHIP CORPORATION
 BUSINESS NAME: _____ (of applying DBA business)
 BUSINESS ADDRESS: _____ (not a parent company name)
 BUSINESS CITY, STATE, ZIP: _____ (if a subsidiary or affiliate)
 PERSON AUTHORIZING APPLICATION: _____
 DUNS #: _____ FED TAX ID: _____ STATE TAX ID: _____
 BUSINESS OWNER/CEO NAME: _____
 (if partnership -) CO-OWNER/PARTNER NAME: _____
 TYPE OF CORPORATION: _____ STATE INCORPORATED: _____ YR INC: _____
 If Subsidiary or Affiliated, PARENT CORPORATION OR HEADQUARTERS NAME/ADDRESS: _____

PREFERRED ACCOUNTS PAYABLE PAYMENT PERIODS: 10 Days (Weekly 15 Days Monthly (30 days)
 (Payments WEEKLY are Normal – payments received within 10 days of Normal) (Must Apply) (Apply - Maximum)
 Invoice Date. Others have to be applied for in advance. Download [EXTENDED PAYMENT APPLICATION](#) to apply.)

We apply for extended payment terms: No Yes and are submitting the application form herewith.

THIS APPLICANT AGREES TO PLASTIC FASTENER DISTRIBUTOR'S STANDARD TERMS OF INVOICING AND PAYMENT TERMS (NET 10 – UNLESS ACCEPTED FOR A DIFFERENT PERIOD – SEE FINANCIAL DISCLOSURE FORM) AND TO PAY REASONABLE ATTORNEY'S FEES AND COURT COSTS INCURRED IN THE COLLECTION OF ANY PAST DUE ACCOUNT, TO THE MAXIMUM AMOUNT ALLOWED BY LAW. ANY MISREPRESENTATION IN THIS APPLICATION WILL BE CONSIDERED EVIDENCE OF FRAUD. YOU ARE AUTHORIZED TO INVESTIGATE THE CREDIT REFERENCES LISTED BELOW.

BUSINESS CHECKING ACCOUNT:
 Institution Name: _____ Name on Account: _____
 City/State/Zip: _____ Acct No: _____
 Phone: _____ Yr. Opened: _____
 Contact Name: _____

CREDIT REFERENCES:

<p>VENDOR 1:</p> <p>Name: _____</p> <p>City/State/Zip: _____</p> <p>FAX: _____</p> <p>Contact Name: _____</p>	<p>VENDOR 2:</p> <p>Name: _____</p> <p>City/State/Zip: _____</p> <p>FAX: _____</p> <p>Contact Name: _____</p>
<p>VENDOR 3:</p> <p>Name: _____</p> <p>City/State/Zip: _____</p> <p>FAX: _____</p> <p>Contact Name: _____</p>	<p>VENDOR 4:</p> <p>Name: _____</p> <p>City/State/Zip: _____</p> <p>FAX: _____</p> <p>Contact Name: _____</p>

PLEASE FAX PROMPTLY TO 828.694-0654 or attach scanned copy to your email to us. THANK YOU !