



**POBCO, Inc.**

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**APPLICATION FOR CREDIT ON THIRTY DAY OPEN ACCOUNT BASIS**

BILL TO:

SHIP TO:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

AP EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

# YEARS AT THIS LOCATION \_\_\_\_\_

PREVIOUS LOCATION (IF LESS THAN 3 YEARS) \_\_\_\_\_

D & B # \_\_\_\_\_

BANK REFERENCE

BANK NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY \_\_\_\_\_

EMAIL \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

VENDOR REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_

EMAIL \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_

EMAIL \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_

EMAIL \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT AND WE FULLY UNDERSTAND YOUR CREDIT TERMS OF 1% 10, NET 30 DAYS, FREIGHT COLLECT.

IN CONSIDERATION OF THE EXTENSION OF CREDIT, THE UNDERSIGNED AGREES TO PAY INVOICES ON A NET 30 DAY BASIS.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_