



## Credit Application

Please Print, Complete, Sign and Fax to Sandra Barnett at (251)471-2423

The following is an application for credit with AL-FLA Plastics Co., also known as creditor within the general provisions on page 2 of this application.

### Company Details

Company Name: \_\_\_\_\_

D.B.A. (if different): \_\_\_\_\_

Description of Business: \_\_\_\_\_

Mailing Address line 1: \_\_\_\_\_

Mailing Address line 2: \_\_\_\_\_

City, State: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

### Shipping Address (if different from above)

Shipping Address line 1: \_\_\_\_\_

Shipping Address line 2: \_\_\_\_\_

City, State: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

### Company Structure

Business Entity:  Sole Proprietorship  Incorporated  Partnership  Other  L.L.C

Federal Tax Id Number: \_\_\_\_\_ Established: \_\_\_\_\_ (mm/dd/yyyy)

Are P.O. #'s Required? \_\_\_\_\_ Desired Credit Amount: \$ \_\_\_\_\_

\*For credit of \$5000.00 and over, please attach a copy of your most recent financial statement.

**\*Please include a copy of Sales/Use Tax Certificate and supporting documents.**

## Company Contacts

**Purchasing Contact Name:** \_\_\_\_\_

Company Title: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ EXT \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

**Accounts Payable Contact Name:** \_\_\_\_\_

Company Title: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ EXT \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

## Corporate Officers Information

Full Name and Social Security No.'s of Officers, Partners, Proprietors, or Principal Stockholders:

|    |       |       |                  |        |
|----|-------|-------|------------------|--------|
| 1. | _____ | _____ | _____            | _____  |
|    | Name  | Title | Social Security# | D.O.B. |
| 2. | _____ | _____ | _____            | _____  |
|    | Name  | Title | Social Security# | D.O.B. |
| 3. | _____ | _____ | _____            | _____  |
|    | Name  | Title | Social Security# | D.O.B. |

## Banking / Financial Information

Bank Name \_\_\_\_\_ Officer Name \_\_\_\_\_

Phone \_\_\_\_\_ EXT \_\_\_\_\_ Fax \_\_\_\_\_

Officer email \_\_\_\_\_

Are you listed with Dun & Bradstreet  Yes  No

If so, what is your D&B Number: \_\_\_\_\_

# Trade References

## Trade Reference 1

Business Name \_\_\_\_\_

Address line \_\_\_\_\_

Address line 2 \_\_\_\_\_

City, State \_\_\_\_\_ , \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Accounts Receivable Email \_\_\_\_\_

## Trade Reference 2

Business Name \_\_\_\_\_

Address line \_\_\_\_\_

Address line 2 \_\_\_\_\_

City, State \_\_\_\_\_ , \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Accounts Receivable Email \_\_\_\_\_

## Trade Reference 3

Business Name \_\_\_\_\_

Address line \_\_\_\_\_

Address line 2 \_\_\_\_\_

City, State \_\_\_\_\_ , \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Accounts Receivable Email \_\_\_\_\_

## CONDITIONS AND TERMS

This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant(s) authorizes the above named creditor to obtain a written or oral credit report(s) from any credit reporting agency. The applicant(s) further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the creditor to investigate the applicant's credit status from time to time as the creditor deems necessary, and should creditor upon such reinvestigation deem it necessary to limit or terminate the credit arrangement with applicant, said applicant shall be notified in writing as to any adverse action. Upon approval of this application for credit, said applicant will be notified in writing along with the creditor's terms of sale and should applicant at some future time deviate from the creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

If credit is extended, I (we) agree to pay creditor all debts incurred within creditor's terms of sale. I (we) expressly waive the right of exemption under the constitution and laws of the State of Alabama and any other state, as to personal property and I (we) agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) may in the future owe creditor for goods sold me (us) or for services rendered including a reasonable attorney's fee on the unpaid debt so long as any of said indebtedness is due and unpaid. I (we) also agree to pay a FINANCE CHARGE OF 1.5% PERCENT PER MONTH (ANNUAL PERCENTAGE OF 18%) on any unpaid past due balance. Creditor is hereby authorized to deliver goods or perform services for the following at my (our) request and charge same to my (our) account and this shall continue until written notice to the contrary is given and accepted, which acceptance shall be evidences by signature of creditor.

Applicant warrants that the firm he represents is financially able to meet any commitments made to AL-FLA Plastics Company and will pay its invoices according to our terms. Applicant(s) further warrants that the representation contained in this application and in the furnished statements and other documents submitted are true and current.

Our credit terms are "Shipping Date - Net 30" unless otherwise specified. No cash discount is allowed on freight charges, handling charges, or sales taxes. If invoices are not paid within the terms indicated above, the amount due thereon will be subject to a delinquent charge, as indicated above, until the balance is paid. If placed for collection, the amount due is subject to all collection costs, attorney's fees, plus interest and all costs.

Our responsibility ceases upon acceptance of merchandise by carrier. Credit will not be allowed for merchandise returned without permission.

Company Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



SALES/USE TAX CERTIFICATE

P.O. Box 7541
Mobile, AL 36670
Phone (251) 471-1130
Toll Free 800-523-3904
Fax (251) 471-2423

Company Name: \_\_\_\_\_

D.B.A. (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State \_\_\_\_\_, \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

PLEASE NOTE: A COPY OF YOUR EXEMPTION IS REQUIRED FOR OUR FILE

I. Complete ALL of #s 1 - 2

1. Applicable tax rates for purchaser's physical location:

- In what state is your physical location? Corresponding state tax %
In what city is your physical location? Corresponding city tax %
In what county is your physical location? Corresponding county tax %
Is your physical location within the city's Police Jurisdiction? Corresponding city tax %
Is your physical location in Mobile County, but outside the city of Mobile OR outside the city of Prichard? Corresponding county tax %

2. All purchases are subject to state and local taxes. \_\_\_\_\_ (yes or no)

II. Complete the appropriate section(s) A - G. Purchaser certifies that all tangible personal property purchased from AL-FLA Plastics Co. is NOT subject to collection of sales and/or use tax by AL-FLA Plastics Co. for the reason(s) stated below, and AL-FLA Plastics Co. is not required to collect sales/use tax upon same:

- A. Wholesale for Resale
State Sales Tax #:
Local Sales Tax #:
B. Direct Pay or Exemption Institution
State Permit #:
City Permit #:
County Permit #:
C. Governmental Agency or Agency of
D. Property becomes a component part of a product manufactured for sale
State Sales Tax #:
Local Sales Tax #:
E. Exemption Certificate #:
F. Private School
G. Other (please explain):

This certificate shall remain in force until revoked in writing, received by AL-FLA Plastics Co., and shall be considered a part of each order given to AL-FLA Plastics Co. by you the purchaser. If the property purchased is later used by the purchaser for a purpose which makes the purchase of such property taxable or is, in fact, subject to sales and/or use tax, the purchaser agrees to pay any taxes due to AL-FLA Plastics Co. or to remit the tax due directly to the proper taxing authority when State and/or Local law so provides.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Printed Name: \_\_\_\_\_