



VALUE PLASTICS, INC.

A NORDSON COMPANY

APPLICATION FOR CREDIT ACCOUNT

THIS FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR OPEN CREDIT TERMS. THANK YOU.

Company Name: _____

Tax Exempt? Yes No *If yes, please send a tax exempt certificate per delivery address along with this application

Parent Company Name (if any): _____

Billing Address: _____

City: _____ County: _____ State: _____ Zip: _____ Country: _____

Shipping Address: _____

City: _____ County: _____ State: _____ Zip: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Date Established: _____ Corp: () Partnership: () Proprietorship: ()

Type of Business: _____

Accounts Payable Contact: _____

A/P Phone No: _____ A/P Fax No: _____ A/P E-Mail: _____

Purchasing Contact: _____

Purchasing Phone No: _____ Purchasing Fax No: _____ Purchasing E-Mail: _____

TERMS OF ACCOUNT

TERMS: NET 30 DAYS FROM INVOICE DATE. ALL PAYMENTS MUST BE RECEIVED BY VALUE PLASTICS BY THE DUE DATE AS STATED ON INVOICES. INVOICES ARE PAST DUE AFTER 31 DAYS.

Value Plastics Quality Policy: Value Plastics, Inc. is committed to providing superior quality products and services by adhering to a quality management system that benefits our customers, employees and shareholders.

FOR VALUE PLASTICS' USE ONLY

Application Reviewed By: _____

Credit Application Approved? Yes No If no, reason: _____

Date: _____ Customer ID#: _____

3325 South Timberline Road
Fort Collins, CO 80525

E-mail: orders@valueplastics.com
Phone: +1 970-267-5200