

# Polymer Molding Inc

ISO 9001:2015 Certified

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## APPLICATION FOR CREDIT

(\* required fields)

Date:

Customer:   
Address:

Contact:   
Phone#:   
Fax#:   
\*Tax ID#:   
\*E-Mail:   
Duns#:

### Trade References (3):

\*Company:   
\*Address:   
  
Contact:   
\*Phone#:   
\*Fax#:   
\*E-Mail:

\*Company:   
\*Address:   
  
Contact:   
\*Phone#:   
\*Fax#:   
\*E-Mail:

\*Company:   
\*Address:   
  
Contact:   
\*Phone#:   
\*Fax#:   
\*E-Mail:

### Bank Reference (1):

\*Bank:   
Address:   
  
Contact:   
\*Phone#:   
\*Fax#:   
\*E-Mail:

**Note:** *Please send a signed authorization in order to release your credit information along with your tax resale certificate.*

Account#:   
*(preferred but optional)*

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