

CREDIT APPLICATION

Synergy Polymers
670 Camino Del Mar
Thousand Oaks, CA 91320
Phone (805) 498-8185
FAX (805) 498-3585

For fast credit approval
Please fax this
form to:
805-498-3585

| | | | |
|---------------------|-------------------------|---------------------|-------------------|
| Company Name | Type of Business | Phone Number | Fax Number |
|---------------------|-------------------------|---------------------|-------------------|

| | |
|------------------------|-------------------------|
| Billing Address | Shipping Address |
|------------------------|-------------------------|

| | | | | | |
|-------------|--------------|------------|-------------|--------------|------------|
| City | State | Zip | City | State | Zip |
|-------------|--------------|------------|-------------|--------------|------------|

Type of Ownership: Corporation Partnership Sole proprietor Years in business: _____

Government Non-Profit

Tax Exempt? Yes No (If yes,
please include resale card with application)

Parent company names (If different than above): _____

| | |
|----------------|-------------------|
| Address | Fax Number |
|----------------|-------------------|

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

Bank References

1. _____

| | | |
|-----------------------|---------------------|-------------------|
| Name | Phone Number | Fax Number |
| Account Number | Contact: | |

2. _____

| | | |
|-----------------------|---------------------|-------------------|
| Name | Phone Number | Fax Number |
| Account Number | Contact: | |

Open Accounts References

1. _____

| | | | |
|----------------|---------------------|-------------------|------------|
| Name | Phone Number | Fax Number | |
| Address | City | State | Zip |

2. _____

| | | | |
|----------------|---------------------|-------------------|------------|
| Name | Phone Number | Fax Number | |
| Address | City | State | Zip |

3. _____

| | | | |
|----------------|---------------------|-------------------|------------|
| Name | Phone Number | Fax Number | |
| Address | City | State | Zip |

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only

DATE: ____/____/____

CREDIT LIMIT: _____

APPROVED BY: _____