



**WEST COAST PLASTICS EQUIPMENT, INC.**

6122 W. Washington Blvd., Culver City, CA 90232

Tel: (323) 870-7733 Fax: (310) 837-4947

Email: info@westcoastplastics.com

# Credit Application

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

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owners & Officers**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Proprietorship \_\_\_\_\_ Subsidiary \_\_\_\_\_

Name of Parent Co. \_\_\_\_\_

Date Established \_\_\_\_\_

Number of Employees \_\_\_\_\_

Main Business Activity \_\_\_\_\_

\_\_\_\_\_

Website \_\_\_\_\_

Duns Number \_\_\_\_\_

D & B Rating \_\_\_\_\_

SIC Code \_\_\_\_\_ NAICS Code \_\_\_\_\_

Seller's Permit # \_\_\_\_\_

**Bank Information**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Account # \_\_\_\_\_

**Accounts Payable Dept.**

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_

Credit Requested \_\_\_\_\_

**Confirmation of Information Accuracy and Release of Authority to Verify**

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by West Coast Plastics Equipment, Inc. in determining the amount and conditions of credit to be extended. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist West Coast Plastics Equipment, Inc. in establishing a line of credit.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Policy Statement:** Terms are Net 30 Days from date of invoice unless otherwise stated.  
All orders are shipped F.O.B. shipping point unless otherwise stated.