



Account Setup

I/we hereby apply for extension of credit. The following information is submitted in confidence.

Company Name:	DBA Name:
Primary Business Address:	
Duns & Brad No:	Website:
Company Phone:	Company Fax:
Billing Contact Name:	E-Mail:
Preferred Invoice Method: <input type="radio"/> E-Mail <input type="radio"/> Fax	Invoice E-Mail Address/Fax #: <input type="text"/>



Ship To

Only if different from above and will apply to every order.

Address:		
City:	State:	Postal Code:

Shipping Special Instructions

We assume you are open for receiving 8:00 AM to 5:00 PM Monday through Friday. Kindly provide us with any information that may make our delivery to you as smooth as possible.

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Application for Credit:

Legal Name of Company:	
Federal Identification Number:	Years in Business:
Type of Business: <input type="radio"/> Corporation <input type="radio"/> Proprietorship <input type="radio"/> Partnership <input type="radio"/> LLC	
Principal/Owner/Officer 1:	Phone:
Principal/Owner/Officer 2:	Phone:

Company Contacts

Your Name:	Your Email:	Your Phone:
Buyer Name:	Buyer Email:	Buyer Phone:
AP Manager Name:	AP Manager Email:	AP Manager Phone:
AP Clerk Name:	AP Clerk Email:	AP Clerk Phone:

Terms Requested

- Pre-Pay with Credit Card – Please complete Credit Authorization Form
- Pre-Pay with Automatic Clearing House (ACH) – Sales Staff will provide instructions.
- Pre-Pay by Wire – Sales Staff will provide Wire instructions.
- Request Net 30 Terms – Trade References Required and Bank Authorization

Trade References

Please list only accounts with which you have CURRENT open credit terms (no COD).

Major Trade Supplier 1:

Company Name:	Company Acct #
Company Address:	Company Phone #:
Company Contact:	E-mail:

Major Trade Supplier 2:

Company Name:	Company Acct #
Company Address:	Company Phone #:
Company Contact:	E-mail:

Major Trade Supplier 3:

Company Name:	Company Acct #
Company Address:	Company Phone #:
Company Contact:	E-mail:

OUR TERMS ARE NET 30

I HEREBY CERTIFY: That all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. If our company defaults on payment of any outstanding valid invoices, I/we agree to pay for Cornucopia Tool & Plastics attorney fees, collection expenses and all court costs arising from our failure to pay. **MUST BE SIGNED BY AN OFFICER OR PRINCIPAL OF THE COMPANY IN ORDER TO BE PROCESSED.**

Signature

Printed Name

Title

Date

Bank Authorization

Bank Name:		Bank Phone #:
Bank Address:		
City:	State:	Postal Code:

TO BANK PERSONNEL

Checking Account:	Company Name:
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For the purpose of establishing an open account with Cornucopia Tool & Plastics Inc, I/we hereby authorize you to release information on our commercial accounts.

Signature	Printed Name	Title	Date
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THE FOLLOWING TO BE COMPLETED BY BANK

So we may consider gathering open account terms to the customer, we ask you, in confidence, to supply us with the following information.

Checking Open Date:	Avg. Balance:	NSA/Return Checks? <input type="radio"/> Yes <input type="radio"/> No	Rating on account:
Loan Open Date:	High Credit:	Secured? <input type="radio"/> Yes <input type="radio"/> No	Collateral:
Current Status? <input type="radio"/> Yes <input type="radio"/> No	Past Due Amount:	Balance Owing:	Rating:

Return Fax: (805) 369-0033

Cornucopia Tool & Plastics Inc.



448 Sherwood Rd
Paso Robles, Ca 93446
(805) 369-0030
www.cornucopioplastics.com

