



PLYMOUTH PRODUCTS

1800 Jim Neu Drive, Suite 7, Plymouth, IN 46563

Phone: 574-936-4757 ~ Fax: 574-936-8044

Website: www.plymouthproducts.com

Email: sales@plymouthproducts.com

Credit Application Form

Billing Address:

Company Name _____
Attention _____
Address _____
City, State, Zip _____
Telephone _____
Fax _____
Email _____

Ship to Address:

Company Name _____
Attention _____
Address _____
City, State, Zip _____
Telephone _____
Fax _____
Email _____

General Information

Federal Tax ID _____ State & State Resale # _____
Company Type (circle one): Individual Partnership LLC Corporation Sub S Corp
D&B Number _____ At Present Location Since _____
Principal _____ Title _____ Email _____ Phone _____

Ordering Information

Are Written PO's Required? Yes No Is Merchandise for Resale? Yes No
Purchasing Agent _____ Fax _____ Email _____ Phone _____
Accts Payable _____ Fax _____ Email _____ Phone _____

Bank Information

Name _____ Branch _____ Contact _____ Phone _____
Address _____ City, State, Zip _____ Acct # _____

Credit References

Company _____ Contact _____ Phone _____ Fax _____
Address _____ City, State, Zip _____ Acct # _____

Company _____ Contact _____ Phone _____ Fax _____
Address _____ City, State, Zip _____ Acct # _____

Company _____ Contact _____ Phone _____ Fax _____
Address _____ City, State, Zip _____ Acct # _____

Terms and Conditions

All accounts are COD/prepay/Credit Card until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 2% per month (24% APR) or the maximum rate permitted by applicable law, until paid in full.

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize us to make any and all inquiries necessary to process this credit application.

Authorized Representative (print) _____ Title _____
Agreed and Accepted (sign) _____ Phone _____ Date _____

**Fax completed form to 574-936-8044.
Include Resale and Tax Exempt Certificates + Direct Pay Authorizations.**