



4200 Davis Creek Court
 Kalamazoo, MI 49001
 Phone: (800) 531-3434
 Fax: (269) 382-0608

1663 Tracy Road
 Toledo, OH 43605
 Phone: (800) 531-3434
 Fax: (269) 382-0608

5820 Webster Street
 Dayton, OH 45414
 Phone: (800) 531-3434
 Fax: (269) 382-0608

Credit Application

Business Name (Purchaser) _____ Billing Address _____ City _____ State _____ Zip+4 _____

Shipping Address _____ City _____ State _____ Zip+4 _____

Phone # _____ Fax _____ ****County**** _____

Name of Accounts Payable Contact _____ Title _____ Email Address _____

State & Year Incorporated _____ Years in Business _____ D/B/A _____ Federal I.D. # _____

Credit Line Requested _____ Tax Exempt? Yes No If yes, attach exemption certificate

Has the firm or any of its principals ever been bankrupt? _____ If yes, please explain _____

Invoice Delivery: Please provide the email address for invoices to be sent to: _____

ENTITY TYPE: Corporation Partnership L.L.C. Individual/Proprietorship

OWNERSHIP:

Name: _____ Address: _____
 Title: _____ Telephone: _____

Name: _____ Address: _____
 Title: _____ Telephone: _____

TRADE REFERENCES:

Name: _____ Address: _____
 Acct Receivable Contact: _____ Telephone: _____ Email: _____

Name: _____ Address: _____
 Acct Receivable Contact: _____ Telephone: _____ Email: _____

Name: _____ Address: _____
 Acct Receivable Contact: _____ Telephone: _____ Email: _____

THREE LARGEST CUSTOMERS:

1. _____ 2. _____ 3. _____

BANK REFERENCE:

Name: _____ Address: _____
 Account Number: _____ Telephone: _____

The undersigned officer/owner of the company, as an inducement to grant credit, warrants that the information submitted is true and correct and hereby authorizes Schupan Aluminum & Plastic Sales to investigate the credit reference(s) listed above. He/she agrees to all terms and conditions referenced on our packing slips/invoices as well as on our website at <http://www.schupan.com>. Should it be necessary, he/she agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees. It is the responsibility of the officer/owner to notify Schupan within one week of any changes in ownership.

Please note: payment terms are net 30 days.

X _____
 Corporate Officer / LLC Member / Partner / Owner

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

Please email to alum_remit@schupan.com or fax to (269) 337-4642

_____ Title _____ Date _____