



Boedeker Plastics, Inc. 904 West 6th St. – Shiner, Texas 77984

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CREDIT APPLICATION

Company Name:		Date:
Billing Address:		Phone:
Shipping Address:		Fax:
City:	State:	Zip:
OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		

CREDIT INFORMATION:

Bank Name:	
Bank Address:	
Bank Phone Number:	Account Number:

REFERENCES (Four Required with Fax #'s): VENDOR REF. ONLY

Firm Name:	
Address:	Phone #: Fax #:
Firm Name:	
Address:	Phone #: Fax #:
Firm Name:	
Address:	Phone #: Fax #:
Firm Name:	
Address:	Phone #: Fax #:

I understand that Boedeker Plastics, Inc.'s standard terms are "Net 30 Days" and agree that any outstanding balances over 30 days past due will be charged 1.5% per month.

Authorized Signature: _____ Title: _____

A resale certificate must be attached or tax will be applied to your order.