

Company Name:

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

Tollfree: (800) 444-3485
Phone: (361) 594-2941
Fax: (361) 594-2349
e-Mail: ar@boedeker.com
http://www.boedeker.com

Date:

CUSTOMER CREDIT APPLICATION

Billing Address:			Phone:	
City:	State:	Zip:	Fax:	
Shipping Address:				
City:	State:	Zip:		
Email Address for Invoic	es:		,	
REFEREN	ICES (Four Required w	vith Fax #'s or Email	Addresses)	
Firm Name:				
Address:		Fax #: Email:		
Firm Name:				
Address:		Fax #: Email:		
Firm Name:				
Address:		Fax #: Email:		
Firm Name:				
Address:		Fax #: Email:		
that any outstanding	deker Plastics, Inc.'s sta balances over 30 days er to collections or lega	past due will be cha	, -	
Authorized Signature: Title:				