**CUSTOMER CREDIT APPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name:** | |  | | | Date: |  |
| **Billing Address:** | |  | | | Phone: |  |
| City: | | State: | | | Fax: |  |
| **Shipping Address**: | |  | | |  |  |
| City: |  | | State: |  |  |  |
| **Email Address for Invoices:** | | | | | | |

**REFERENCES (Four Required with 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: |

#### 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.

All accounts turned over to collections or legal pursuit are charged reasonable collection costs/attorney fee’s.

#### Authorized Signature:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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