

## APPLICANT

Legal Name of Company:		Date:
Registered DBA Name:		
Billing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:	Website:	
Annual Sales:	Requested Credit Amount:	
Industry Served:		
Date Company Established:	State of Formation:	
Have you or any of your affiliates ever had credit with Quantum Polymers, Inc. before or purchased from Quantum Polymers, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, under what business name?		

## BUSINESS INFORMATION

Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____	
Federal Tax ID Number:	Dunn & Bradstreet Number:

### PRINCIPLES / OFFICERS

1. Name:	Title:
Email:	Phone:
2. Name:	Title:
Email:	Phone:
3. Name:	Title:
Email:	Phone:

## BANK INFORMATION

Bank Name:	Contact:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

## TRADE REFERENCES *(Include at least one resin supplier)*

1. Vendor Name:	Contact:
Address:	Email:
Phone:	Fax:
2. Vendor Name:	Contact:
Address:	Email:
Phone:	Fax:
3. Vendor Name:	Contact:
Address:	Email:
Phone:	Fax:

Upload and attach any BANK DETAILS, TRADE REFERENCES and any other relevant information.

### PLEASE READ CAREFULLY

THIS CREDIT APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER OR AUTHORIZED EMPLOYEE OF THE ABOVE LISTED COMPANY. Quantum Polymers is hereby authorized to obtain all necessary information to determine credit worthiness at this time and periodically for reevaluation purposes.

**By signing you agree that the information provided above is certified to be true and correct AND you have read and agree to Quantum Polymers Terms & Conditions to which all transactions will be governed by.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Quantum Polymers, Inc.**

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