



**APPLICATION FOR CREDIT**

PLEASE RETURN COMPLETED FORM TO:

**Performance Polymers**  
803R Lancaster Street  
Leominster, MA 01453  
Phone: 800-244-7659  
Fax: 978-466-6149

CUSTOMER NAME \_\_\_\_\_ DATE COMPANY ESTABLISHED \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ BUS. Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_-\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS (if different) \_\_\_\_\_ BUS. Phone ( ) \_\_\_\_-\_\_\_\_ FAX ( ) \_\_\_\_-\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS:  CORPORATION (List Officers)  PARTNERSHIP (List Partners)  PROPRIETORSHIP (List Owner)

(If corporation, list officers, name and address of registered agent; if partnership or proprietorship, list name and home address of owner)

\_\_\_\_\_

\_\_\_\_\_

LINE OF BUSINESS \_\_\_\_\_ STATE OF INCORPORATION \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_-\_\_\_\_

BRANCH & ACCOUNT OFFICER \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

FINANCIAL STATEMENT ATTACHED  OR WILL BE FORWARDED ON (date) \_\_\_\_\_

ESTIMATED LINE OF CREDIT REQUIRED \$ \_\_\_\_\_ IS CREDIT FOR BUSINESS PURPOSES? \_\_\_\_\_

**TRADE REFERENCES**

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX NUMBER

**TERMS AND CONDITIONS OF CREDIT RELATIONSHIP:**

1. Applicant agrees that any extension of credit is subject to the terms and conditions set forth herein and in invoices issued to Applicant. No other terms and conditions shall become part of any sales agreement, purchase order, or other transaction, unless set forth in writing and signed by both parties.
2. If Performance Polymers ("Seller") agrees to extend credit, all decisions regarding the granting or continuation of credit are at the sole discretion of Seller and may be terminated at any time. Applicant hereby authorizes Seller to contact credit reporting services and other third parties to determine Applicant's creditworthiness. Seller assumes that Applicant is solvent. Continued solvency is a precondition to any sale made by Seller. Applicant agrees to update this Application and financial statements upon request.
3. Acceptance of goods, without notification of dispute or defect pursuant to notice requirements and procedures set forth in invoice, shall be deemed an admission of liability for the amounts referenced in the invoice. Payment received may be applied against open charges at the discretion of Seller. Unresolved credit items shall be deemed to have been issued in error and the property of the Seller if, after notice, Applicant asserts no interest in the item.
4. Payment of all amounts owed shall be made not later than due date as indicated on invoice. Any amounts not paid by due date shall be subject to a late payment charge of 1-1/2% per month, or the highest rate allowed by law, if lower. In addition, Applicant agrees to be responsible for all collection costs and attorneys' fees incurred by Seller in connection with any delinquent account.
5. Applicant hereby authorizes Seller, its successors and assigns, by its designated attorney, to waive the issuance of service of process and confess judgment against it for the entire unpaid balance of applicant's account, together with all cost applicable to such action.
6. The laws of the state of Massachusetts shall be applicable to any action arising out of this Application. The parties agree that Worcester County, Massachusetts is the appropriate venue for such an action.

By the signature below, the Applicant states that it has read, understands, and agrees to the terms and conditions set forth herein and further certifies that all of the information contained in the Application and attachments is true and correct to the best of their information, knowledge, and belief, and further certifies that he/she is authorized to execute this Application on behalf of Applicant.

\*\*\* **TAX EXEMPT CUSTOMERS** \*\*\*

If items purchased are tax exempt, please complete a tax exemption certificate. FAX to 978-466-6149 and mail original to:

Credit Department  
Performance Polymers  
803R Lancaster Street  
Leominster, MA 01453

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

APPLICANT SHOULD RETAIN A COPY OF THIS APPLICATION AS IT CONTAINS THE TERMS AND CONDITIONS THAT WILL GOVERN THE RIGHTS OF THE PARTIES SHOULD CREDIT BE EXTENDED.