

STYRENE PRODUCTS, INC.

5320 Fuller Street Schofield, WI 54476-3199

Phone 715-359-6600 • Fax 715-355-5472

Application for Credit

Company Name: _____ Date: ___/___/___

Street Address: _____

City: _____ State _____ Zip Code _____

Phone Number :(_____) _____ Fax Number :(_____) _____

Primary Business Activity: _____

Principal Owners, Partners or Officers:

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Date Business Started: ___/___/___ State of Incorporation: _____

Length of Time Business has been at current location: _____

Annual Sales Volume: \$ _____ Anticipated Annual Purchases: \$ _____

Dun & Bradstreet Number: _____ Requested Credit: \$ _____

Sales Tax Status:

Exempt Manufacturing: _____ For Resale: _____ Other: _____

Note: Sales tax will be charged unless sales tax exemption certificate is provided.

Accounts Payable Contact: _____ Phone:(_____) _____

Signature of Principal or Authorized Agent: _____ Date: ___/___/___

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Trade References

Company Name: _____
Address: _____
Phone Number :(_____) _____

Contact: _____
City: _____ State: _____
Fax Number :(_____) _____

Company Name: _____
Address: _____
Phone Number :(_____) _____

Contact: _____
City: _____ State: _____
Fax Number :(_____) _____

Company Name: _____
Address: _____
Phone Number :(_____) _____

Contact: _____
City: _____ State: _____
Fax Number :(_____) _____

Bank References

Bank Name: _____
Address: _____
Phone Number :(_____) _____
Account Number: _____

Contact: _____
City: _____ State: _____
Fax Number :(_____) _____