

**CUSTOMER CREDIT INFORMATION**

|  |                  |  |
|--|------------------|--|
| Customer Name  |                  |  |
| Address  |                  |  |
| City   | State            | Zip Code                               |
| Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Co-op <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub-S Corp <input type="checkbox"/> Subsidiary** <input type="checkbox"/> LLC   |                  |  |
| **Parent company name and address:   |                  |  |
| Financial contact and title  |                  | Phone Number                           |
| Line of business (manufacturer, retailer, distributor, etc.)   |                  | DUN's Number                           |
| Trade references ( <i>Two requested</i> ) - Please give complete addresses   |                  |  |
| 1. Name _____  |                  |  |
| Street _____   |                  |  |
| City _____   | State _____      | Zip _____                              |
| Phone Number _____   | Contact _____    | <b>FAX #</b> _____                     |
| 2. Name _____  |                  |  |
| Street _____   |                  |  |
| City _____   | State _____      | Zip _____                              |
| Phone Number _____   | Contact _____    | <b>FAX#</b> _____                      |
| Bank Reference:  |                  |  |
| Name _____   |                  | <b>FAX #</b> _____                     |
| Street _____   |                  |  |
| City _____   | State _____      | Zip _____                              |
| Phone Number _____   | Account #: _____ | Contact _____                          |
| <b>Please attach a copy of your most recent financial statement. Your statement will be kept in strict confidence.</b>   |                  |  |
| <small>The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6<sup>th</sup> and Pennsylvania Avenue, NW, Washington, D.C. 20580.</small> |                  |  |
| <i>Release of credit information:</i>  |                  |  |
| <small>The above information is for the purpose of obtaining credit and is warranted to be true. I/We authorize Alliance Polymers and services, LLC. to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms. Any changes in terms will be agreed between both parties in writing.</small>   |                  |  |
| Name: _____  |                  | Title: _____                           |
| Signature: _____   |                  | Date: _____                            |
| <b>PLEASE DO NOT WRITE BELOW THIS LINE--TO BE COMPLETED BY SALES PERSON</b>  |                  |  |
| Estimated credit line requirements \$ _____  |                  | Estimated Date of opening order: _____ |
| Estimated amount of opening order: \$ _____  |                  |  |
| Other remarks on opening order: _____  |                  |  |
| Sales Person's Name  | Telephone #      | Group Division/Region                  |

Please return this completed form to:

Alliance Polymers and Services, LLC.  
 Credit Department  
 P.O. Box 109  
 Northville, MI 48168

Originator Initials: \_\_\_\_\_

PLEASE FAX THIS COMPLETED FORM TO: 734-710-6715