



Orange County Industrial Plastics • 4811 East La Palma • Anaheim, CA 92807  
Tel: (714) 632-9450 • Fax: (714) 765-0667 • www.ocip.com

ORANGE COUNTY INDUSTRIAL PLASTICS

## APPLICATION FOR CREDIT

The following pages represent an application for credit. The information furnished herein is submitted with the express intention of obtaining merchandise on credit from Orange County Industrial Plastics, Inc. All information provided shall be held in confidence, in accordance with our strict guidelines and professional respect for your privacy. Carefully complete all pages, items one through six, including the area of item two that applies to your operation. Read the information on page four and then execute form where indicated.

**Please Fill out Completely**

**And Fax to: 714.630.6489**

**Or Mail to Accounting, OCIP, 4811 East La Palma Ave, Anaheim, CA 92807**

**\*\*Please note - for credit to be established, Original signed copy of this form must be mailed**

ORANGE COUNTY INDUSTRIAL PLASTICS

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**1. Basic Information**

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

If Subsidiary, Name of Parent Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ FAX Number ( ) \_\_\_\_\_

Description of Business \_\_\_\_\_

Ownership Information  Corporation  Partnership  Sole Proprietorship

Business Location:  Owned  Leased  Rent | Year Established \_\_\_\_\_

Resale Certificate Number \_\_\_\_\_

Year Established \_\_\_\_\_ Fiscal Year Ends \_\_\_\_\_

Annual sales for last **three** years | Yr. 1. Amount \$ \_\_\_\_\_ Year Ending \_\_\_\_\_

Yr. 2. Amount \$ \_\_\_\_\_ Year Ending \_\_\_\_\_ | Yr. 3. Amount \$ \_\_\_\_\_ Year Ending \_\_\_\_\_

**2a. If Sole Proprietor**

Owners Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2b. If Partnership**

[If more than two partners, attach separate sheet]

Partner Name \_\_\_\_\_ S.S. Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_

Partner Name \_\_\_\_\_ S.S. Number \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 3. Bank References

Bank #1. Name	Branch Address	Phone (    )
<hr/>		
Manager or Contact Name and Title		Fax # (    )
<hr/>		
<input type="checkbox"/> Business Checking Acct. No.	<input type="checkbox"/> Personal Checking Acct. No.	
<hr/>		
<input type="checkbox"/> Business Loan No.	<input type="checkbox"/> Personal Loan. No.	
<hr/>		
Bank #2. Name	Branch Address	Phone (    )
<hr/>		
Manager or Contact Name and Title		
<hr/>		
<input type="checkbox"/> Business Checking Acct. No.	<input type="checkbox"/> Personal Checking Acct. No.	
<hr/>		
<input type="checkbox"/> Business Loan No.	<input type="checkbox"/> Personal Loan. No.	

### 4. Purchase/Credit Information

Please Indicate Anticipated Purchases from OCIP	Monthly Amount \$	Annual Amount \$
<hr/>		
What Products/Services are your Main Interest?		
<hr/>		
<hr/>		
Are you aware of any past, current or impending financial problems that might effect ability to pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<hr/>		
Explain [attach separate sheet if necessary]		
<hr/>		
Filed Bankruptcy in past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No    Judgements outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No    Currently in litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<hr/>		
Additional Comments/Information [attach separate sheet if necessary]		
<hr/>		
Full disclosure of the preceding information is required, however it will not necessarily affect any decision regarding your account.		

### 5. Trade References

List 5 references familiar with your purchasing & payment history, minimum 2 yrs. Major & current suppliers only. Attach separate sheet if necessary.

1. Co. Name	Phone (    )	Fax (    )	
<hr/>			
Address	City	State	Zip
<hr/>			
Contact Person Name and Title			
<hr/>			
Products/Services Purchased		Annual Amount \$	
<hr/>			
2. Co. Name	Phone (    )	Fax (    )	
<hr/>			
Address	City	State	Zip
<hr/>			
Contact Person Name and Title			
<hr/>			
Products/Services Purchased		Annual Amount \$	
<hr/>			

3. Co. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name and Title \_\_\_\_\_

Products/Services Purchased \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

4. Co. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name and Title \_\_\_\_\_

Products/Services Purchased \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

5. Co. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name and Title \_\_\_\_\_

Products/Services Purchased \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

Applicants hereby request credit purchasing capabilities, attest financial ability and responsibility, agree to all OCIP conditions and credit policies, agree to remit payment for all invoices in accordance with OCIP terms and hereby certify that all information provided herein is true and correct under penalty of perjury. Applicants also swear and affirm that they have no knowledge of any impending financial or credit problems. Applicants further certify that they are duly authorized to execute this document.

Applicants hereby authorize OCIP to check Applicants' bank and credit references including, but not limited to, credit reports and personal history. Applicants unconditionally release all credit references listed from any and all liability for any damage which might result from furnishing such information to OCIP. Applicants agree that this Application for Credit shall remain OCIP's property and will be included in Applicants' credit file.

In consideration of the granting and extension of credit by OCIP to Applicants, it is hereby agreed that Applicants will pay all sums when due. In the event of nonpayment, Applicants do hereby agree to pay, in addition to the principal amount due, all collection charges incurred by OCIP including charges made by a collection agent up to the maximum amount allowed by law, attorneys fees and costs. Applicant further agrees to pay interest at the rate of 18% per annum commencing upon the first day following the date due for monies owing. In the event of breach of this contract or if Applicants exceed any established credit limit, OCIP reserves the right to change Applicants' credit terms. **In the event of a dispute, Applicants expressly waive the right to a jury trial.** This agreement has been entered into in the state of California and venue for all disputes shall be the Orange County Superior Court.

Applicants have read and agree to the terms and conditions of OCIP's invoices and/or catalog and said terms and conditions are incorporated herein by reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

CONTINUING PERSONAL GUARANTY

In consideration for the extension of credit or increase in credit limit by OCIP to Applicants, the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due OCIP by Applicants, including collection charges, interest at 18% per annum, attorneys fees and costs. This shall be an open and continuing guaranty and shall continue in full force and effect, notwithstanding any change in the form of such indebtedness, or renewals or extensions granted by OCIP, without obtaining any consent thereto, and until expressly revoked by written, certified notice from me/us to OCIP. Any such revocation shall not in any manner affect my/our liability as to any indebtedness existing prior thereto. I/we do hereby waive notice of acceptance of this agreement, notice of default or nonpayment and waive action required by any statute against Applicants. No delay on OCIP's part in exercising any right hereunder or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against Applicants or any other person primarily or secondarily liable with Applicants, shall operate as a waiver of any such right or in any manner prejudice OCIP's right against me/us. I/we agree that in the event of default at any time by said Applicants, OCIP shall be entitled to look to me/us immediately for full payment without prior demand or notice. **In the event of a dispute, I/we expressly waive the right to a jury trial.** This agreement has been entered into in the state of California and venue for all disputes shall be the Orange County Superior Court. The terms and conditions of this continuing personal guaranty are understood and agreed to by the signing party.

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Print Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_

INTERNAL USE ONLY. DO NOT WRITE BELOW LINE

Division \_\_\_\_\_  Resale  Taxable  Approved  Denied  Net 30  C.O.D.  Other  Specify \_\_\_\_\_