



Shipping & Receiving:
33 N Main St
Bloomington, IN 47832

www.FORMflexProducts.com

Corporate Office:
70 N Main St
PO Box 218
Bloomington, IN 47832
Phone: (800) 255-7659
Fax: (800) 356-5426

CREDIT APPLICATION

All information received herein will be held in confidence.

Please type or print legibly.

Date _____

GENERAL COMPANY INFORMATION:

Legal Name _____

DBA or Trade Name _____

Physical Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Year Established _____ ☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietor Other _____

Will Your Purchases be Tax Exempt? _____
**If EXEMPT, exemption or resale certificate(s) must be provided.
If TAXABLE, please complete Page 4 of the Credit Application.**

ACCOUNTS PAYABLE/BILLING INFORMATION:

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

A/P Contact _____ Email Address _____

OWNERSHIP INFORMATION:

Parent Company / Owner Name _____

Parent Company / Owner Address _____

City _____ State _____ Zip _____

How long has the above owned the applicant's business? _____

CORPORATE OFFICERS:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Has the firm or any of its principals ever been a party in a Bankruptcy? Yes _____ No _____

If Yes, please explain: _____



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BANK INFORMATION:

Bank Name - Branch _____

Mailing Address _____

City _____ State _____ Zip _____

Bank Officer/Contact _____ Account Number _____

Telephone Number _____ Fax Number _____

TRADE REFERENCES: (A separate sheet may be attached but please include at least **FOUR** major suppliers.)

Name _____ A/R Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Acct # _____ Telephone Number _____ Fax Number _____

Name _____ A/R Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Acct # _____ Telephone Number _____ Fax Number _____

Name _____ A/R Contact _____

Mailing Address _____

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CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

The applicant hereby certifies that the information in this Credit Application is true and correct. Any misrepresentation of this Credit Application will be considered evidence of fraud since this information is the basis for the extension of credit.

The applicant also certifies that the information given in this Application and any other information provided is for the use of FORMflex in determining the amount and conditions of credit to be extended to the applicant. The applicant hereby authorizes the bank and supplier references listed in this Credit Application to release to FORMflex the information it requires to establish a line of credit for me or my business.

The applicant understands that FORMflex may also use other sources of credit information it considers reliable in making its determination. The applicant further agrees to provide FORMflex an updated credit application upon request. Failure to do so within a reasonable period of time may result in revocation of any credit terms previously granted.

In consideration for the extension of credit, the applicant promises to abide by all terms and conditions as set out on all invoices. Should the applicant not abide by all terms and conditions, FORMflex may charge the maximum interest allowed by law on all overdue amounts. In the event that third parties are employed to collect any outstanding monies owed by the applicant, the applicant agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.

The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the applicant.

Name of Applicant/Business _____

Signature of Applicant _____ Date _____

Name _____ Title _____

Please send the signed and completed Credit Application as well as a copy of your tax exemption certificate (if applicable) to our **Finance/Accounts Receivable Office** using one of the following methods:

Mail:
FORMflex
PO Box 218
Bloomington, IN 47832

Fax:
1-765-498-3979

Email:
dp@formflexproducts.com



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Complete this page **ONLY** if your purchases should be **TAXABLE** and you are located in a state other than Indiana.

PURCHASER'S ACKNOWLEDGMENT OF RESPONSIBILITY FOR USE TAX

By signing below, I acknowledge that FORMflex will not assess sales tax on my purchase(s). While sales tax will not be assessed, I understand that it is my responsibility to determine if use tax is owed to my state for my purchase(s) from FORMflex. Therefore, I assume full responsibility for remitting any use tax due on my purchase(s) to my state, including any penalties and interest for failing to remit any use tax due in a timely manner.

Purchaser _____ Tax ID# _____

Purchaser's Billing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

The undersigned represents that he/she has the authority to execute this acknowledgement on behalf of the purchaser.

Signature of Purchaser _____ Date _____

Name of Purchaser _____ Title _____

Please send completed Acknowledgment to our **Finance/Accounts Receivable Office** using one of the following methods:

Mail:
FORMflex
PO Box 218
Bloomington, IN 47832

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1-765-498-3979

Email:
dp@formflexproducts.com