



POBCO, Inc. 99 Hope Avenue, Worcester, MA 01603  
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Web: www.pobcoplastics.com • Email: accounting@pobcoplastics.com

APPLICATION FOR CREDIT ON THIRTY DAY OPEN ACCOUNT BASIS

BILL TO:

SHIP TO:

NAME \_\_\_\_\_  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ CITY \_\_\_\_\_

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

AP EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ # YEARS AT THIS LOCATION \_\_\_\_\_

PREVIOUS LOCATION (IF LESS THAN 3 YEARS) \_\_\_\_\_

D & B # \_\_\_\_\_

BANK REFERENCE

BANK NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ EMAIL \_\_\_\_\_

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

VENDOR REFERENCES

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CITY \_\_\_\_\_

EMAIL \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CITY \_\_\_\_\_

EMAIL \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CITY \_\_\_\_\_

EMAIL \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT AND WE FULLY UNDERSTAND YOUR CREDIT TERMS OF 1% 10, NET 30 DAYS, FREIGHT COLLECT.

IN CONSIDERATION OF THE EXTENSION OF CREDIT, THE UNDERSIGNED AGREES TO PAY INVOICES ON A NET 30 DAY BASIS.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_