

Parkway Plastics, Inc.

561 Stelton Road, Piscataway, New Jersey 08854
New Jersey (732) 752-3636 Fax (732) 752-2192 California

Credit Application - Corporation

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ FAX: _____

Annual Sales Volume: _____ How Long in Business ? _____

Officers Name: _____ Title: _____

Street Address: _____

City: _____, State: _____ Zip: _____ Phone: _____

Officers Name: _____ Title: _____

Street Address: _____

City: _____, State: _____ Zip: _____ Phone: _____

Who is the person we should contact for payment if payment is not received within the invoice terms ?

Name: _____ Title: _____

Street Address: _____

City: _____, State: _____ Zip: _____ Phone: _____

Is this person responsible for and authorized to make payments to Parkway ? _____

If NOT, who is ? _____

The following statement must be signed and dated by an Agent of the Corporation who is authorized to make payments to Parkway for the goods or services supplied:

I agree to pay for all goods and services ordered by my corporation and delivered to our designated shipping addresses within the terms stated on Parkway's invoices. I understand and agree that unless otherwise stated by Parkway, in writing, all product is shipped FOB factory, and payment is due 30 days from the shipping date or the invoice date, which ever is later. I further agree to pay any additional legal fees that may arise from collection efforts to collect past due accounts.

Name: _____ Title: _____ Date: _____

Parkway Plastics, Inc.

561 Stelton Road, Piscataway, New Jersey 08854
New Jersey (732) 752-3636 Fax (732) 752-2192

Dear Prospective Customer

Thank you for your recent inquiry concerning Parkway Jars and the other quality packaging components we offer.

At your request, we are faxing a credit application to you. Your completed signed application form should be mailed directly to Debbie Coyle, Credit Manager, Parkway Plastics Inc., Piscataway, NJ 08854

Also inclosed are 3 trade reference forms and one bank reference form. Please fill out your name address and account numbers (where applicable) and foreward them the the references of your choice, with instructions for them to return them directly to Debbie Coyle, Credit Manager, Parkway Plastics Inc., Piscataway, NJ 08854

If your company is located in either California or New Jersey, we will need completed state tax exemption forms for your state showing your number, or we will be required to charge and collect your state's sales tax on your purchases.

We will also require the following information, in order to process your credit application request:

1. Your signed credit application on our original form mailed back to Parkway Plastics;
2. One bank reference including account number, phone and Fax number if possible;
3. Three trade references including account numbers, phone and Fax number if possible.
4. State Sales tax exemption forms, where applicable

Parkway Plastics Inc. Fax number is 732-752-2192.

A credit decision will be made within 5 days of our receipt of the above credit information.

Should you wish to purchase our products before your terms are established, we will gladly accept prepayment by VISA, MASTERCARD or check. We cannot, however, ship on a C.O.D. basis

Thank you for your assistance. If you have any questions, please call me at 732-752-3636, Extension 53

Very truly yours

Debbie Coyle
Credit Manager

Enclosures: PPI Credit Application

Parkway Plastics Inc

561 Stelton Road, Piscataway, NJ 08854
732-752-3636 Fax 732-752-2192

Date _____

Name & address of bank _____

FAX# _____

PHONE# _____

Gentlemen:

Our customer, _____, located

at _____ has given your Bank Name as a reference for establishing an account with our company. He has listed the following account # _____ at your bank. He would like you to supply the following information directly to Debbie Coyle, Parkway Plastics Inc. Credit Manager, concerning their history with you:

CHECKING ACCOUNT:

Type of account _____

Date opened _____

Range of Average Available daily balance _____

Overdraft history _____

LOAN ACCOUNT

Type _____

Date Opened _____

High Credit _____

Currently Outstanding _____

Thank you for your prompt attention to this matter,

Very truly yours,

Debbie Coyle, Credit Manager
Fax 732-752-2192

Parkway Plastics Inc

561 Stelton Road, Piscataway, NJ 08854
732-752-3636 Fax 732-752-2192

Date _____

Name & address of Vendor _____

Attn: Credit Dept

FAX# _____

PHONE# _____

Gentlemen:

Our Customer, _____,

located at _____ is applying for credit terms with our company, Parkway Plastics Inc, 561 Stelton Road, Piscataway, NJ 08854. and they would like you to supply the following information directly to Debbie Coyle, their Credit Manager, concerning their history with you:

Sold from: _____ Sold To: _____

Largest amount owed: _____ Now Owes: _____

Date of Last Sale: _____ Amount Past Due: _____

Terms of Sale: _____

Please check USUAL manner of payment:

Discounts ____ Prompt ____ Prompt to 10 days late ____

Slow ____ Satisfactory ____ Unsatisfactory ____

Disputes ____ Account Secured ____ Collection efforts needed ____

Very truly yours,

Debbie Coyle, Credit Manger
Fax 732-752-2192

Parkway Plastics Inc

561 Stelton Road, Piscataway, NJ 08854
732-752-3636 Fax 732-752-2192

Date _____

Name & address of Vendor _____

Attn: Credit Dept

FAX# _____

PHONE# _____

Gentlemen:

Our Customer, _____,

located at _____ is applying for credit terms with our company, Parkway Plastics Inc 561 Stelton Road, Piscataway, NJ 08854. and they would like you to supply the following information directly to Debbie Coyle, their Credit Manager, concerning their history with you:

Sold from: _____ Sold To: _____

Largest amount owed: _____ Now Owes: _____

Date of Last Sale: _____ Amount Past Due: _____

Terms of Sale: _____

Please check USUAL manner of payment:

Discounts ____ Prompt ____ Prompt to 10 days late ____

Slow ____ Satisfactory ____ Unsatisfactory ____

Disputes ____ Account Secured ____ Collection efforts needed ____

Very truly yours,

Debbie Coyle, Credit Manager
Fax 732-752-2192

Parkway Plastics Inc

561 Stelton Road, Piscataway, NJ 08855-0475

732-752-3636

Fax 732-752-2192

Date _____

Name & address of Vendor _____

Attn: Credit Dept

FAX# _____

PHONE# _____

Gentlemen:

Our Customer, _____,

located at _____ is applying for credit terms with our company, Parkway Plastics Inc, Piscataway, NJ 08854. and they would like you to supply the following information directly to Debbie Coyle, their Credit Manager, concerning their history with you:

Sold from: _____ Sold To: _____

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Date of Last Sale: _____ Amount Past Due: _____

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Disputes _____ Account Secured ____ Collection efforts needed _____

Very truly yours,

Debbie Coyle, Credit Manager

Fax 732-752-2192