

# Parkway Plastics, Inc.

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

## Credit Application – Sole Proprietorship

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ How Long in Business ? \_\_\_\_\_

Owner's 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: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**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 the Owner, 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 organization 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.

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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., PO Box 475, Piscataway, NJ 08855-0475

Also inclosed are 3 trade reference forms and one bank reference form. Please fill out your name address and account numbers (where applicable) and forward them the the references of your choice, with instructions for them to return them directly to Debbie Coyle, Credit Manager, Parkway Plastics Inc., PO Box 475, Piscataway, NJ 08855-0475

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 Manager  
Fax 732-752-2192

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732-752-3636 Fax 732-752-2192

Date \_\_\_\_\_

Name & address of Vendor \_\_\_\_\_

Attn: Credit Dept

\_\_\_\_\_

\_\_\_\_\_

FAX# \_\_\_\_\_

PHONE# \_\_\_\_\_

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