

CREDIT APPLICATION

MAGNOLIA PLASTICS, INC.
5547 PEACHTREE IND. BLVD.
CHAMBLEE, GA. 30341

PHONE: 770-451-2777
800-831-8031
FAX: 770-451-5376

erlene.davis@magnoliaplastics.com

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
VOICE TELEPHONE:	FAX TELEPHONE:
WEB SITE ADDRESS:	EMAIL ADDRESS:

DATE OF INCORPORATION:	PERSON RESPONSIBLE FOR DISBURSEMENTS:
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PARENT COMPANY, ADDRESS, AND TELEPHONE, IF APPLICABLE	
PARENT NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
VOICE TELEPHONE:	FAX TELEPHONE:
WEB SITE ADDRESS:	EMAIL ADDRESS:

Application for (Company Name): _____

PLEASE LIST THREE CREDIT REFERENCES:

All fields must be completed before consideration. You must include the phone numbers and fax numbers for all your references. This will enable us to process your application immediately. Missing information will delay approval of your application. Most companies will not provide us information over the telephone, however, most will fax us the information.

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
VOICE TELEPHONE:	FAX TELEPHONE:

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
VOICE TELEPHONE:	FAX TELEPHONE:

NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
VOICE TELEPHONE:	FAX TELEPHONE:

Application for (Company Name): _____

PLEASE ENTER YOUR BANKING INFORMATION:	
BANK NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
VOICE TELEPHONE:	FAX TELEPHONE:
ACCOUNT NUMBER:	CONTACT PERSON:
TAX EXEMPTION NUMBER:	
(Please Include a Copy of Your Tax Certificate)	
APPROXIMATE MONTHLY REQUIREMENTS:	

Signature of Person Submitting This Form:	
Typed or Printed Name of Person Submitting This Form:	
Date:	