



## BUSINESS ACCOUNT CREDIT APPLICATION

344 Granary Road • Forest Hill, Maryland, 21050  
 Phone: 410-420-8001 • Fax: 410-420-8003 • E-mail: sjurgens@acmix.com

### Business Contact Information

Title:			
Company Name:			
Phone:	Fax:	E-Mail:	
Registered Company Address:			
City:	State:	Zip:	
Date Business Commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

### Banking Information

Bank Name:			
Bank Address:			
Phone:	Fax:	E-Mail:	

Type of Account	Account Number
Savings:	
Checking:	
Other:	

### Business and/or Trade References

1	Company Name:		
	Address:		
	City:	State:	Zip:
	Type of Account:	Phone:	Fax:
2	Company Name:		
	Address:		
	City:	State:	Zip:
	Type of Account:	Phone:	Fax:
3	Company Name:		
	Address:		
	City:	State:	Zip:
	Type of Account:	Phone:	Fax:

Applicant agrees to pay a late charge of one and one-half percent (1.5%) per month on all past due invoices. Should it become necessary to place applicant's account with a collection agency or attorney for non-payment of invoices and interest rate, the applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. The undersigned warrants that all of the information on this form is correct, that the above agreement has been carefully read, and that the applicant understands the same.

Agreement	Signatures
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1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within 7 working days. 3. By submitting this application you authorize Resintech, Inc., to make inquiries to the banking, savings, business, and/or trade references you have supplied.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 50%;">Title:</td> <td style="border-top: 1px solid black; width: 50%;">Date:</td> </tr> <tr> <td style="border-top: 1px solid black;">Title:</td> <td style="border-top: 1px solid black;">Date:</td> </tr> </table>	Title:	Date:	Title:	Date:
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