

Credit Application



APPLICANT

Legal Name of Company:			Date:	
Registered DBA Name:				
Billing Address:				
City:	State:	Country:	Zip/Pin Code:	
Phone:		Fax:		
Email:		Website:		
Annual Sales in US\$:		Requested Credit Amount in US\$:		
Invoices Contact:		Payment Contact:		
Email:	Phone:	Email:	Phone:	
Industry Served:				
Date Company Established:		Jurisdiction of Formation (Country and State/Province):		
Have you or any of your affiliates ever had credit with Quantum Polymers, Inc. before or purchased from Quantum Polymers, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, under what business name?				

BUSINESS INFORMATION

Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____	
US Federal Tax ID Number or equivalent Tax ID Number in the country of formation: (attach copy of certificate)	Dun & Bradstreet Number or equivalent information from a comparable agency in the country of formation:
PRINCIPLES / OFFICERS	
1. Name:	Title:
Email:	Phone:
2. Name:	Title:
Email:	Phone:

BANK INFORMATION

Bank Name:		Contact:	
Address:			
City:	State:	Country:	Zip/Pin Code:
Phone:		Fax:	
Email:			

TRADE REFERENCES *(Include at least one resin supplier)*

1. Vendor Name:		Contact:	
Address:		Email:	
Phone:		Fax:	
2. Vendor Name:		Contact:	
Address:		Email:	
Phone:		Fax:	
3. Vendor Name:		Contact:	
Address:		Email:	
Phone:		Fax:	

Upload and attach BANK DETAILS, TRADE REFERENCES and any other relevant information. For a credit request above US\$250,000, attach a copy of THE COMPANY'S BALANCE SHEET and INCOME STATEMENT.

PLEASE READ CAREFULLY

THIS CREDIT APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER OR AUTHORIZED EMPLOYEE OF THE ABOVE LISTED COMPANY. Quantum Polymers, Inc. ("Quantum") is hereby authorized to obtain all necessary information to determine credit worthiness currently and periodically for reevaluation purposes.

By signing you agree that the information provided above is certified to be true and correct AND you have read and agree to Quantum's Terms & Conditions to which all transactions will be governed by.

On behalf of the Applicant:

- I hereby authorize Quantum or its authorized agents to obtain or prepare consumer reports using any information in this Credit Application at any time after it receives this authorization.
- I hereby authorize local and international law enforcement agencies, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former customers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Quantum, its authorized agents, or other consumer reporting agencies.
- I certify that the information provided on this form is true and correct.
- I certify that I have the authority to submit this Credit Application and provide this authorization to Quantum.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Corporate Seal (if outside the US):