

FAX TO: 270-686-9331  
Attn: Customer Service

Owensboro Specialty Polymers, Inc.  
5529 US 60 East  
Owensboro, KY 42303

### CREDIT APPLICATION

Firm Name _____	Phone # _____
Address _____	Fax # _____
City _____	State _____ Zip Code _____
Bill To Address _____	City _____ State _____ Zip Code _____
Date Business Established _____	Affiliate of _____
Line of Credit Requested: _____	
DUNS # _____	

<b>Invoice Receipt Information/Accounts Payable:</b>
Accounts Payable Contact _____ A/P Phone #: _____
Method of Invoice Delivery preferred: MAIL _____ FAX _____
Mail address for Invoicing: _____
FAX # for Invoicing: _____

<b>Bank Information:</b>	<b>SIGNATURE IS NEEDED FOR PROCESSING</b>
Name _____	Fax# _____ Phone # _____
Account #: Checking # _____	Loan # _____ Savings # _____
Signature Authorizing Bank to Supply Information: _____	

<b>Major Trade References: Fax #'s are needed for processing.</b>		
Name _____	Fax# _____	Phone# _____
Name _____	Fax# _____	Phone# _____
Name _____	Fax# _____	Phone# _____

<b>Sales Tax Information:</b>
Is Sale Taxable? Yes _____ No _____ If No, a copy of a valid resale or exemption certificate with signature for each state in which you accept delivery <b>must</b> be provided.
<b>FAILURE TO PROVIDE THIS DOCUMENTATION WILL RESULT IN TAX BEING CHARGED.</b>