



SIRIUS PLASTICS LLC  
10333 HARWIN DR. STE 480  
HOUSTON, TX 77036

### BUSINESS ACCOUNT CREDIT APPLICATION

Please fill out the form completely and return by e-mail or fax to [accounting@siriusplastics.com](mailto:accounting@siriusplastics.com) or +1 713 492 2961

#### BUSINESS CONTACT

Company Name:			
Phone:		Fax:	
Business Name (DBA):			
Billing Address:		City:	State:
A/P Contact:		A/P E-mail:	ZIP:
Shipping address (If different):			
Name of parent company, if is a subsidiary or branch office:			
Address:		City:	State:
ZIP:		E-mail:	
Do you have a sales tax exempt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, please attach doc.)
Type of business:		Resale no:	
Invoice to be sent by: Fax <input type="checkbox"/>	E-mail <input type="checkbox"/>	State if different from above:	

#### OWNERSHIP

SOLE PROPRIETOR <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>
IF INCORPORATED, STATE:		STARTING YEAR:	
FEDERAL ID:			
For Sole Proprietors and General Partnerships (Mandatory):			
Full Name:		SSN:	State:
Home Address:		City:	ZIP
Full Name:		SSN:	State:
Home Address:		City:	ZIP
Full Name:		SSN:	State:
Home Address:		City:	ZIP

#### FINANCIAL

Bank Name of Business Checking Account:			
Address:		Routing No:	
Contact Name:		Acc No:	
Phone Number:		E-Mail:	
Requested limit of credit:		DUNS #(If any):	
Do you own the property above?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**BUSINESS/TRADE REFERENCES (Active ones only)**

Company Name:		E-Mail:		
Address:		City:		State:
Phone:		Fax:		ZIP
Company Name:		E-Mail:		
Address:		City:		State:
Phone:		Fax:		ZIP
Company Name:		E-Mail:		
Address:		City:		State:
Phone:		Fax:		ZIP
Company Name:		E-Mail:		
Address:		City:		State:
Phone:		Fax:		ZIP
Company Name:		E-Mail:		
Address:		City:		State:
Phone:		Fax:		ZIP

**LEGAL NOTICE/AGREEMENT**

SIRIUS PLASTICS LLC "SUPPLIER" IS HEREBY AUTHORIZED TO INVESTIGATE OUR/MY "APPLICANT" CREDIT HISTORY BY CONTACTING CREDIT REPORTING AGENCIES, TRADE CREDITORS AND BANKS. IN THE EVENT THE ACCOUNT IS DELINQUENT AND SATISFACTORY ARRANGEMENTS HAVE NOT BEEN MADE FOR PAYMENT, DEBTOR AGREES TO PAY COLLECTION AGENCY COSTS, ATTORNEY COLLECTION COSTS, ATTORNEY FEES, COURT COSTS AND ANY OTHER LEGAL FEES INVOLVED WITH "APPLICANT" COLLECTING ON A DELINQUENT BALANCE. THE VENUE OF ANY SUIT TO COLLECT ON OBLIGATIONS OF DEBTOR TO "SUPPLIER" SHALL BE LAID IN HOUSTON, TX. IT IS UNDERSTOOD THAT THE TERMS OF ANY SALES ARE NET 30 (THIRTY) DAYS FROM DATE OF INVOICE. ON TOP OF ALL COSTS ABOVE, A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ANY PAST DUE BALANCE AT SIRIUS PLASTICS LLC DISCRETION.

Company Name	Date
Name and Title	Signature

**PERSONAL GUARANTEE**

THE UNDERSIGNED APPLICANT DOES HEREBY AGREE TO THE ABOVE TERMS AND CONDITIONS AND ASSUMES A PERSONAL LIABILITY FOR PAYMENT OF SAID "APPLICANT"'S ACCOUNT.

Name	Date
Title	Signature