Universal Plastics, Inc.

2650 East 40th Avenue Denver, Colorado 80205

(303) 322-0297 • (800) 833-7958 • FAX (303) 322-3945

email: sales@universalplasticsinc.com • website: www.universalplasticsinc.com

TERMS

Accepted Methods of Payment:

- Cash Cashier Check Credit Terms Company Check COD
- Credit Card (Visa Master Card American Express Discover)

Credit Terms:

- Universal Plastics' current terms are 1%-10 Days/Net 30 as stated on each invoice.
- It is expressly understood and agreed that these terms are part of the contract between the parties and applies to all Invoices supplied by the Seller.
- It is agreed the buyer will pay all invoices within the stated terms.
- Universal Plastics recommends and encourages our cash discount of 1% if paid within 10 days. Discounts do not apply to credit card payments.
- In the event your account is not paid according to these terms, you agree to pay a SERVICE CHARGE OF 1½% per month on the principal balance during the term of the delinquency. All service charges must be paid.
- If the account becomes more than 90 days delinquent and is placed in collection, you agree to pay all costs of collection including reasonable attorney's fees and court costs.
- In the event of litigation, you agree to the jurisdiction and venue of the City and County of Denver, Colorado.

Open Accounts:

- Customers with an approved credit line will be extended 1% -10 Days/NET 30 terms.
- Customers more than 30 days past due will be put on shipping hold until account is once again current.
- · Customers more than 45 days past due will lose their open account status and revert to C.O.D. or credit card payments.

Returned Checks:

• In addition to any other remedies available under the laws of Colorado, applicant agrees that returned checks will be assessed a \$15.00 charge.

Product Returns:

• Returned Merchandise will not be accepted without first contacting Universal Plastics and obtaining a "Return Material Authorization" (RMA) number. All returns are subject to a 20% restocking fee (not applicable to defective parts).

Authorizations:

Party or Parties signing this application certify that the name of the firm as stated on this application is correct, that the firm is not insolvent and is in good standing.

I (applicant) am applying for the services described above. I have read and agree to the terms for these services. I certify that all statements made in this application, including any attachments, are true, complete and current. You (Universal Plastics) are authorized to check my credit and provide information to others about your credit experience with me. By signing below, I accept and agree to the terms of this credit agreement.

Please Note: ANY ALTERATIONS TO THIS DOCUMENT WILL NOT BE ACCEPTED.

Instructions:

YES, please send all invoices by email \Box

Please complete the Credit Application and the form below, sign if you agree with the terms above and either; mail to address above, email to sales@universalplasticsinc.com, or FAX to (303) 322-7242, attention Accounts Receivable.

Authorized Signature		Date					
Typed/Printed Name	·	Title					
Federal ID Number	OR Social Security Number						
Company Name							
Billing Address							
City	State	Zip					
Print A.P. Contact Name	Phone	Fax					
A.P. Email Address							

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CREDIT APPLICATION

Today's Date								
Company Name								
Address				City				
State		Zip		Pho	ne	F	ax	
Corporation Par	rtnership 🗌	Proprietorship [Years i	n Business	Busines	ss Type		
Officers Information	n:							
Name				N	ame			
Title	Title							
Has Applicant or any made an assignment		•			r filed a volunta	ry petition in bankru	ıptcy, be	een adjudged bankrupt, or
If you answered yes	to the above	, when?		State	the reason			
Has a tax lien or civil	suit been fil	ed against Applic	ant or any	of it's Owners	, Principals, Part	tners, Officers or Dire	ectors w	rithin the past six years?
If Yes, please explain	l							
Trade References:	(3 required)							
Note: Do not list sor	-	ge corporations a	s they will	not aive out r	eference inform	nation.		
Some examples are:								
Name					Account	t Number		
								_ Zip
								•
Namo					A ccount	t Number		
								7:5
								_ Zip
FIIOIIE			гах			Email Address		
Name					Account	Number		
Address				City		State		_ Zip
Phone			Fax			_ Email Address _		
Bank Reference:								
Bank Name					Account	t Number		
Address					City			
Purchases Are: T	ax Exempt \Box	☐ Taxable						

Note: If you checked "Tax Exempt", you must attach your Tax Exemption certificate.