



**Bedford Reinforced Plastics Inc.**  
**CREDIT INQUIRY**  
 (ALL INFORMATION MUST BE COMPLETE)

**CUSTOMER DATA**

\*FIELDS REQUIRED

TRADE NAME		SS# OR EIN#	
INVOICING ADDRESS		PHONE NUMBER	*EMAIL ADDRESS FOR INVOICES
CITY		STATE	ZIP CODE
CHECK ONE	CORPORATION	PARTNERSHIP	PROPRIETORSHIP
Are you a subsidiary or division?		If yes, state name of parent company	
Tax Exempt		If yes tax exempt documentation must accompany this application to be processed	
		PRINCIPAL NAMES	
		DATE BUSINESS STARTED	

NOTE: Please furnish latest copy of financial statements if available.

**BANKING REFERENCES**

NAME	CONTACT	PHONE NUMBER
STREET	SAVINGS ACCT. NO.	CHECKING ACCT. NO.
CITY	STATE	ZIP CODE
I authorize the above-named bank to release our account information.	SIGNATURE	TITLE
		DATE

**COMMERCIAL CREDIT REFERENCES (4 Required)**

1. NAME	*PHONE NUMBER	*EMAIL ADDRESS
STREET		DATE OF LAST SALE
CITY	STATE	ZIP CODE
2. NAME	*PHONE NUMBER	*EMAIL ADDRESS
STREET		DATE OF LAST SALE
CITY	STATE	ZIP CODE
3. NAME	*PHONE NUMBER	*EMAIL ADDRESS
STREET		DATE OF LAST SALE
CITY	STATE	ZIP CODE
4. NAME	*PHONE NUMBER	*EMAIL ADDRESS
STREET		DATE OF LAST SALE
CITY	STATE	ZIP CODE

**DO NOT WRITE BELOW THIS LINE**

ESTIMATED VALUE OF INITIAL OR PENDING ORDER	REMARKS
Amount of Credit Approved \$ _____	
Credit Representative	Date

W9 must be submitted with this application. Fax completed application to 814-285-3984 or email ar@bedfordreinforced.com.

**Bedford Reinforced Plastics, Inc. • 1 Corporate Drive, Suite 106 • Bedford, PA 15522-7401 U.S. • Phone: 814-623-8125**