

 **Adhesives Plus, Inc.**  
1825 Summit Ave. Suite 200, Plano, TX 75074  
Phone: (972) 422-2180 Fax: (972) 422-0670

**Company Name:** \_\_\_\_\_

**Type of Company:** Check One  Sole Proprietor  Partnership  Corporation

**Year Established:** \_\_\_\_\_ **Dun & Bradstreet #:** \_\_\_\_\_

**Bill to Address:** Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Ship to Address:** Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Contact Information:**

Accounts Payable Contact: Name \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ext \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Purchasing Contact: Name \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ext \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Operations Contact: Name \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ext \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Bank Reference:** Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade References:**

1. Company Name: \_\_\_\_\_ Account # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Account # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Account # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

**Bankruptcy:** Has your company filed for protection under the Federal Bankruptcy Act within the last Five (5) years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Resale or Exempt Sales Tax #:** \_\_\_\_\_

If you do not pay sales tax a Resale or Exempt Certificate must be filled out and returned to Adhesives Plus, Inc. before your order is processed. **A copy of your permit will not be accepted.** If you do not have the appropriate form please request one from us.

I, \_\_\_\_\_, authorize Adhesives Plus, Inc. to receive information pertinent to establishing an open credit account.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_