



High-Performance Plasticating Components
for Extrusion and Injection Machinery — since 1975

Application for "Limited Open Account" status with WEXCO CORPORATION
(This is a 2-page application form. Signature required on Page 2)

(Full Company Name) _____

Street Address: _____

Mailing address: _____

City: _____ State/Prov. _____ ZIP/Postal Code: _____

Country (other than U.S.A.): _____

Telephone: _____ FAX: _____

- Customer's business: [] Plasticating Screw Mfr [] OEM (machines require barrels) [] Machine Rebuilder
[] Distributor [] Barrel Reliner [] Plastics Processor [] Plasticating Cylinder Mfr.
[] Mfr of Machinery/Equipment not requiring barrels, but will resell barrels to aftermarket.

Customer's primary contacts for WEXCO:

Financial: Mr. Ms. _____ Job Title: _____

Direct Tel. line / Extension _____ Direct Fax: _____

Personal E-mail address: _____

Purchasing: Mr. Ms. _____ Job Title: _____

Direct Tel. line / Extension _____ Direct Fax: _____

Personal E-mail address: _____

Product/Technical: Mr. Ms. _____ Job Title: _____

Direct Tel. line / Extension _____ Direct Fax: _____

Personal E-mail address: _____

We request to be considered for making purchases from WEXCO CORP. on a "Limited Open Account" basis. We understand that all "on credit" purchases we will make are subject to current WEXCO Terms & Conditions of Sale, unless otherwise negotiated with and approved by WEXCO management in writing.

We apply for an initial credit limit of U.S. \$ _____

Value of anticipated first order with WEXCO: U.S. \$ _____ [] Not known at this time



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Company name: _____

In order to evaluate new customer's request for "Limited Open Account" status, the following information and documentation must be submitted to WEXCO CORPORATION:

- 1. Bank references: Please provide name and address of your primary bank, business account number(s), bank contact person & title, and bank fax number. Be sure to authorize your bank in writing to release appropriate financial information to WEXCO CORP.
2. Three (3) Trade credit references with whom you have established or maintained at least \$5000 credit during the past 2 years: Please provide company name, full address, contact person & title, and telephone and fax numbers.
3. Any other pertinent financial or business information (such as name of parent company, etc) that may help to speed up our evaluation of your request for "limited open account" status.

Note: depending on how quickly we can obtain information from your bank and your trade references, it may take up to three weeks to make our final evaluation for your request for "limited open account" status. Should you wish to place an order with us before we can establish your credit status, we offer temporary payment terms of 50% down with order and 50% prior to shipment.

Please submit all required information to the attention of Ms. Ethel Lloyd, Office Manager (Telephone ext 27).

Application for limited credit account at WEXCO CORPORATION made by:

(Print name) _____ Title: _____

Signature: _____ Date: _____



Must sign!

(below for WEXCO use only)

Application reviewed by: _____ Date: _____

_____ Date: _____

Approved for credit limit of \$ _____ Credit denied, see below

Comments: _____