



# MOLDERS CHOICE, INC.

12900 Plaza Drive • Parma, Ohio 44130

Phone: (440) 248-8500

Fax: (440) 248-8545

*"Your #1 Choice in Molding Solutions"*

## CONFIDENTIAL CREDIT APPLICATION

PLEASE COMPLETE IN FULL  
(Type or print)

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCT'S PAYABLE \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX NO: (\_\_\_\_) \_\_\_\_\_

TYPE OF PROCESSING INJECTION MOLDING:  BLOW MOLDING:  MOLDMAKER:  OTHER: \_\_\_\_\_

***Please Supply a Minimum of Three (3) Trade References Below or On  
Company Letterhead (Please do not list utilities)***

(1.) COMPANY NAME: \_\_\_\_\_ TELEPHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_

(2.) COMPANY NAME: \_\_\_\_\_ TELEPHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_

(3.) COMPANY NAME: \_\_\_\_\_ TELEPHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date