



**LeVic Plastics**  
4003 East 137th Ter.  
Grandview, MO. 64030  
(816) 761-8484 Fax. (816) 761-8485



## New Customer Information Packet

E-Mail completed packet to [OrderDesk@levic.com](mailto:OrderDesk@levic.com)

COMPANY NAME:

ADDRESS:

CITY:  STATE:  ZIP:

PHONE:  A/P E-MAIL ADDRESS:

CORPORATION: ☐ PARTNERSHIP: ☐ INDIVIDUAL: ☐ SOLE PROPRIETOR: ☐

OWNER/PRINCIPAL/PRESIDENT:  YEAR ESTABLISHED:

PARENT COMPANY:  STATE SALES TAX #:

FEDERAL TAX ID #:

**PLEASE NOTE:** Our payment terms are net 30 days. An interest charge of 1 ½ percent per month, or portion thereof, will be assessed if payment is not received by the due date. Payment is to be made by due date on invoice, no statement will be issued.

Payment will be applied first to interest accrued to date of receipt of payment and remainder will be applied to the principal balance owing on this invoice. Please include invoice numbers on all check remittances to ensure proper application.

Customer shall pay all reasonable attorney's fees and costs in the event suit is commenced to collect this account or invoice. If invoice is not paid when due, all billed but unpaid invoices on this account shall be immediately due and payable.

Any invoice dispute shall be governed by the laws of the State of Missouri and shall be litigated in the courts of the State of Missouri, in the County of Jackson. Customer consents to such jurisdiction and agrees to waive any objections based on lack of personal jurisdiction.

PRINT NAME:  SIGNATURE \_\_\_\_\_

DATE:

**PLEASE ATTACH A COPY OF YOUR TAX EXEMPT FORM**

# CREDIT REFERENCES

We appreciate this opportunity to serve you. Our policy with new customers is to request three trade references and one bank reference. This information will be held in the strictest confidence, and **NOT** sold to any 3<sup>rd</sup> parties.

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**Customer Information:** (\* denotes required fields)

Organization \*

Name \*

Address \*

Address 2

City \*

State \*

Zip \*

Phone # \*

Email \*

**Bank Reference:**

Bank \*

Address \*

Address 2

City \*

State \*

Zip \*

Account # \*

Phone # \*

Fax #

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**Trade Reference #1:**

Name \*

Address \*

Address 2

City \*

State \*

Zip \*

Account # \*

Phone # \*

Fax #

# Trade Reference #2:

Name \*

Address \*

Address 2

City \*

State \*

Zip \*

Account # \*

Phone # \*

Fax #

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# Trade Reference #3:

Name \*

Address \*

Address 2

City \*

State \*

Zip \*

Account # \*

Phone # \*

Fax #