



www.caplugs.com
sales@caplugs.com
1.888.CAPLUGS
Fax: 716.874.1680

Protective Industries, Inc.

Parent Company of Caplugs and Mokon

Dear Customer:

Please be advised that Protective Industries, Inc. operates several divisional locations with corporate headquarters located at 2150 Elmwood Avenue, Buffalo, New York 14207. These locations operate under the trademark name of "CAPLUGS." The corporation is in possession of a centralized bank account to receive payments made to any and all divisions. We therefore request and authorize payments to CAPLUGS be sent to the following bank information:

Beneficiary Bank:
Fifth Third Bank
38 Fountain Square,
Cincinnati, Ohio 45202

Beneficiary Name: Protective Industries, Inc.
ABA/Routing Number: 042000314
Account Number: 7026169099
SWIFT Code: FTBCUS3C

Please note: All invoices will be issued under the name CAPLUGS.

Regards,

A handwritten signature in black ink that reads "Jason Guagenti".

Jason Guagenti
Accounts Receivable Manager
Phone: 716.876.9855
Jason.Guagenti@caplugs.com

Fifth Third Bank
(Cincinnati)
Post Office Box 630900
Cincinnati, Ohio 45263-0900

Protective Industries, Inc.
2150 Elmwood Avenue
Buffalo, New York 14207-1910

Account Type: Comm'l 53 Analyzed
Account Number: 7026169099

Banking Center: Fifth Third Center
Banking Center Phone: 513.579.5203
Commercial Client Services: 1.800.589.5355
www.53.com



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Banking Information

Protective Industries, Inc. (d/b/a Caplugs) Federal ID #20-3117446

Terms: Net 30 Days – Payable in U.S. Funds

Credit Cards:

We accept MasterCard, Visa, Discover and American Express

Wires and ACH:

Beneficiary Bank: Fifth Third Bank
38 Fountain Square
Cincinnati, Ohio 45202

Beneficiary Name: Protective Industries, Inc. (d/b/a Caplugs)
ABA Number: 042000314
Account Number: 7026169099
SWIFT Code: FTBCUS3C

Checks made payable to:

Protective Industries, Inc. – Caplugs
3012 Momentum Place
Chicago, Illinois 60689-5330

For packages being sent via overnight mail, please use the following address:

Fifth Third Bank
4900 West 95th Street
Oaklawn, Illinois 60453-2542
Attn: Wholesale Lockbox
P.O. Box #233012

Remittance advices may be sent as follows:

Email: jennifer.langer@caplugs.com
Fax: 814.864.2423
Attn: Jennifer Langer

02/2013



Customer Credit Application

Business

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Invoicing Information

Address: _____

Accounts Payable Contact(s): _____

Phone: _____ Fax: _____

Email: _____

Federal Tax I.D. # (EIN): _____ DUNS #: _____

Sales Tax Resale Certificate #: _____

(MANDATORY: Attach a copy of your certificate or exempt form.)

Invoice Submission (choose 1 or more)

Email Fax Mail

Please provide any required information regarding your invoice: _____

Credit Terms (choose 1)

Credit Card Payment In Advance NET 30 Other : _____

Credit Card Information (choose 1 if applicable)

Type: MasterCard Visa Discover American Express

Number: _____ CVV #: _____

Expiration Date: _____ Name on Card: _____

References

1. Name: _____ Phone: _____ Fax: _____

Email: _____

2. Name: _____ Phone: _____ Fax: _____

Email: _____

3. Name: _____ Phone: _____ Fax: _____

Email: _____



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Shipping Instructions

Ship To

Business Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Carrier Information

Carrier Name:

Account Number:

Freight Forwarder

Name:

Address:

Phone:

Fax:

Email:

Specify any special shipping instructions (height restrictions, documentation requirements, terms, etc.)
