



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

## Protective Industries, Inc.

Parent Company of Caplugs or Mokon or Tri-Star

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:  
Citi Bank N.A.  
111 Wall Street  
New York, NY 10043

Beneficiary Name: Protective Industries, Inc. (d/b/a Caplugs, or Tri-Star or Mokon)  
ABA/Routing Number: 021000089  
Account Number: 31200777  
SWIFT Code: CITIUS33

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

Regards,  
Caplugs Credit and Accounts Receivable Team  
Phone: 716-242-1402  
AR@Caplugs.com

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



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

## 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: CitiBank N.A  
111 Wall Street  
New York, NY 10043

Beneficiary Name: Protective Industries, Inc. (d/b/a Caplugs or Tri-Star or Mokon)  
ABA Number: 021000089  
Account Number: 31200777  
SWIFT Code: CITIUS33

### Checks made payable to:

Protective Industries, Inc. — Caplugs  
PO Box 1693  
Carol Stream, Illinois 60132-1693

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

Protective Industries, Inc. — Lockbox 1693  
8430 Bryn Mawr Avenue — 3<sup>rd</sup> Floor  
Chicago, Illinois 60631

### Remittance advices may be sent as follows:

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



## Customer Credit Application

### Business

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Purchasing Email: \_\_\_\_\_

Customer Type: Industrial  Medical

### Invoicing Information

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

Accounts Payable Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Tax I.D. # (EIN): \_\_\_\_\_ DUNS #: \_\_\_\_\_

Tax Exempt: Yes  No  If yes, please provide valid exemption/resale certificate.

### Invoice Submission (choose 1 or more)

Email  Mail

Please provide any required information regarding your invoice: \_\_\_\_\_

**Credit Terms: Standard Terms are NET 30. If paying by credit card, please provide valid card information at time of order.**

Requested Credit Limit: \_\_\_\_\_

### References

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Shipping Instructions

### Ship To

Business Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Carrier Information

Carrier Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Freight Forwarder

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

The information contained in this document is being submitted for the purpose of allowing Protective Industries, Inc. to assess and/or continue to assess credit solely for business purposes of the applicant. The applicant hereby represents and warrants that the information is true and complete as of the date submitted. The applicant hereby agrees to remit payment within the terms specific on the face of each invoice. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including reasonable attorneys' fees and expenses.

Authorized Officer's Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

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