



Credit Application for a Business Account

Business Information

Company Name: _____

Telephone: _____ Fax: _____

Company Address: _____

Date Business Commenced: _____ Federal Tax ID #: _____

Sole Proprietorship _____ Partnership _____ Corporation _____ Other: _____

Billing and Shipping Contact Information

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Bank Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Checking Account #: _____ Savings Account #: _____

Other Account #: _____ Other Account #: _____



Business and/or Trade References

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Agreement

1. All invoices are to be paid 30 days from the date of the invoice
2. Claims arising from invoices must be made within 7 working days.
3. Returns must be made within 10 working days and are subject to a 10% restocking fee.
4. By submitting this application, you authorize Chemsultants to make enquiries to the banking, savings, business, and/or trade references you have supplied.

Signatures

Title:

Date:

Title:

Date: