



CHEMTECH-FORD
LABORATORIES

CREDIT APPLICATION

ACCOUNT INFORMATION

Name: _____
 Address: _____
 City, State, Zip _____
 Phone _____ Fax _____
 Contact _____ Email _____
 Owner/CEO _____
 Business Type: Corp ___ Gov ___ LLC ___ Other (Specify) _____

VENDOR REFERENCES

Name & Address	Phone/Fax/Contact
1) _____ _____ _____	_____ _____ _____
2) _____ _____ _____	_____ _____ _____
3) _____ _____ _____	_____ _____ _____

BANK REFERENCE

Bank Name _____ Phone: _____
 Account # _____ Contact: _____
 Desired Credit Limit: \$ _____

Signature _____ Printed Name & Title _____ Date _____

I, being an authorized agent of the above described applicant, agree to Chemtech-Ford's *Standard Terms and Conditions* set forth at www.chemtechford.com and to the payment terms of NET 30 days.

CREDIT CARD AUTHORIZATION (optional)

Card #: _____
 Name: _____
 Exp. Date: _____
 Signature: _____

