



CREDIT APPLICATION

ACCOUNT INFORMATION

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Year Established: _____
 Owner/President: _____
 Company Type: Corp ____ Gov't ____ Partnership ____ Proprietorship ____ LLC ____

VENDOR REFERENCES

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

BANK REFERENCE

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

 Signature Printed Name and Title Date

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

CREDIT CARD AUTHORIZATION (optional)

Card #: _____
 Name: _____
 Expiration Date: _____
 Signature: _____

