



CHEMTECH-FORD  
LABORATORIES

# CREDIT APPLICATION

## ACCOUNT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact \_\_\_\_\_ Email \_\_\_\_\_  
 Year Established \_\_\_\_\_  
 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. Payment terms are net 30 days OAC. 1.5 % interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees.

## CREDIT CARD AUTHORIZATION (optional)

Card #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Exp. Date \_\_\_\_\_



Signature: \_\_\_\_\_