



Credit Application

In order to process your application in a timely manner, please complete each section in full. After completion, please print the application.

Fax the completed application to 706-277-2966.

Company Name _____

Bill To Address:

Address _____

City: _____ State: _____ Zip Code: _____

Ship To Address (if different):

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email _____

Is The Company a Corporation? Yes No Year Incorporated _____ State of Incorporation _____

Type of Business _____ Owner's Name _____ Tax ID _____ DUNS _____

Bank Reference:

Bank Name _____

Phone Number _____

Branch Address _____

Fax Number _____

City: _____ State: _____ Zip Code: _____

Account Number _____

Signed by: _____

Authorized Signature Required

Please Provide 3 Trade References (Chemical Industry-related Only):

Company _____

Phone Number _____

Address _____

Fax Number _____

City: _____ State: _____ Zip Code: _____

Contact _____

Company _____

Phone Number _____

Address _____

Fax Number _____

City: _____ State: _____ Zip Code: _____

Contact _____

Company _____

Phone Number _____

Address _____

Fax Number _____

City: _____ State: _____ Zip Code: _____

Contact _____

