

## CREST INDUSTRIAL CHEMICALS, INC. Credit Application

### BUSINESS CONTACT INFORMATION

Title			
Company name			
Phone	Fax	E-mail	
Registered company address			
City		State	ZIP Code
Date business commenced			
Sole proprietorship		Partnership	Corporation
Other			

### BUSINESS AND CREDIT INFORMATION

Primary business address			
City		State	ZIP Code
How long at current address?			
Telephone	Fax	E-mail	
Bank name			
Bank address		Phone	
City		State	ZIP Code
Type of account	Account number		
Savings			
Checking			
Other			

### BUSINESS/TRADE REFERENCES

Company name			
Address			
City		State	ZIP Code
Phone	Fax	E-mail	
Type of account			
Company name			
Address			
City		State	ZIP Code
Phone	Fax	E-mail	
Type of account			
Company name			
Address			
City		State	ZIP Code
Phone	Fax	E-mail	
Type of account			

### 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 seven working days.
3. By signing below and submitting this application, you authorize Crest Industrial Chemicals, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### AUTHORIZED SIGNATURES

Signature_____	Signature_____
Title_____	Title_____
Date_____	Date_____