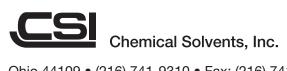
Credit Application Form

State:	Zip:	
Fax:	Fax:	
ration as a basis of exte	ension of credit.	
rtnership Pro	prietorship	
es Tax Exempt: 🔲 No	Yes	
	Certificate Number	
are presently doing bu	usiness.	
State:	Zip:	
Fax:		
State:	Zip:	
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State:	Zip:	
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Bank Phone:	Bank Phone:	
n necessary to assist in o	establishing a line of credit.	
	State: Fax: Properties Tax Exempt: No are presently doing but State: Fax: State: State: State: Fax: State: Fax: State: State: Fax: State: State: Fax: State: State: State: Fax: State:	

Please return this completed form to:



AUTHORITY TO RELEASE CREDIT RELATED INFORMATION

Date:			
Company Name:			
Address:			
Address 2:			
City:	State:	Zip:	
Phone Number:			
The undersigned hereby authorizes the conformation in your possession, including payment terms and outstanding balance. This authorization is valid for 30 days fro	g but not limited to crec to Chemical Solvents, I	lit, financial, banking, denc. as required.	ebt,
of my release request for your files.			
Date:			
PRINTED Name of Applicant:			
SIGNATURE OF Company representative:			
TITI E.			

 ${\it Please \ return \ this \ completed \ form \ to:}$

