

# Credit Application Form

Name of Firm or Corporation \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information is to be submitted for consideration as a basis of extension of credit.

Our legal entity is:  Corporation  Partnership  Proprietorship

Federal ID Number: \_\_\_\_\_ Sales Tax Exempt:  No  Yes \_\_\_\_\_  
Certificate Number

The following are three trade references with whom you are presently doing business.

**Company:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Company:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Company:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Bank Phone:** \_\_\_\_\_

**Account** \_\_\_\_\_

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this completed form to:*



3751 Jennings Road • Cleveland, Ohio 44109 • (216) 741-9310 • Fax: (216) 741-4080 • Toll Free: (800) 362-0693

[www.chemicalsolvents.com](http://www.chemicalsolvents.com)

## AUTHORITY TO RELEASE CREDIT RELATED INFORMATION

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The undersigned hereby authorizes the disclosure and release of any and all credit related information in your possession, including but not limited to credit, financial, banking, debt, payment terms and outstanding balance to Chemical Solvents, Inc. as required.

This authorization is valid for 30 days from the date of my signature below. Please keep a copy of my release request for your files.

Date: \_\_\_\_\_

PRINTED Name of Applicant: \_\_\_\_\_

SIGNATURE OF Company representative: \_\_\_\_\_

TITLE: \_\_\_\_\_

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