



ACCESS CHEMICALS & SERVICES LLC
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:		
Loans			
Checking			
Other			

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

By submitting this application, you authorize ACCESS CHEMICALS & SERVICES LLC to make inquiries into the banking and business/trade references that you have supplied and the credit worthiness of your firm. In the event Access Chemicals does not extend credit to us, we agree to payment in full and in accordance with the terms and conditions included with this form.

SIGNATURES OF AUTHORIZED OFFICER/REPRESENTATIVE

Signature:	Title: Date:
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