

Credit Application

5380 Brookpark Rd Cleveland, OH 44134

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COMPANY INFORMATION									
LEGAL COMPANY NAME:			FEDERAL TAX ID NUMBER:						
ADDRESS:	CITY:			STATE:	ZIP CODE:				
PHONE NUMBER:	FAX NUMBER:			EMAIL ADDRESS/WEBSITE:					
TYPE OF BUSINESS (CIRCLE)				L					
Corporation	Partnership			Sole Proprietorship					
LLC	LLP								
PRINCIPLE ACTIVITY (CIRCLE):									
Retail	Wholesale			Manufacturing					
Other (Please Specify)									
REQUESTED CREDIT AMOUNT:		NUMBER OF YEARS IN BUSINESS:							
TAXABLE:	TAX EXEMPT NUMBER:								
PERSON(S) TO CONTACT REGARDING ORDERS:									
NAME(S):	PHONE NUMBER(S):			EMAIL ADDRESS:					
PERSON(S) TO CONTACT REGARDING ACCOUNT PAYABLE:									
NAME(S):	PHONE NUMBER(S):			EMAIL ADDRESS:					

Tax Exempt Status:	If your purchases are tax exempt, include a copy of your sales tax exemption certificate to ensure proper billing.
Payment Terms:	In consideration of supplying products on open terms, it is understood this account is to be paid full on terms of Net 30.

	TRAD	E REFEREN	ICES	6			
COMPANY:			PHONE NUMBER:				
ADDRESS:	CITY:			STATE:	ZIP CODE:		
CONTACT NAME:							
COMPANY:			PH	ONE NUMI	BER:		
ADDRESS:	CITY:		<u> </u>	STATE:	ZIP CODE:		
CONTACT NAME:							
COMPANY:			PH		BER:		
ADDRESS:	CITY:		1	STATE:	ZIP CODE:		
CONTACT NAME:							
	BAN	K REFEREN	CES				
NAME:			PH	ONE NUMI	BER:		
ADDRESS:	CITY:		I	STATE:	ZIP CODE:		
HOW LONG: ACCOUN		NT NUMBER:					
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The information I am providing is for the purpose of obtaining credit and is warranted to be true. I / we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my / our credit and financial responsibility.

Name (Print)

Signature

Title

Date