

APPLICATION FOR CREDIT

Kor-Chem, Inc. • PO Box 43163 • Atlanta, GA 30336 • Phone: 404-344-9580 • Fax: 404-349-2240 • Toll Free: 1-800-752-6627

PLEASE REMIT THIS FORM ALONG WITH COMPANY W-9 FORM AND SALES TAX EXEMPTION FORM IF APPLICABLE.

Company Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Shipping Address: _____
Street City State Zip Code

Phone: _____ Fax: _____

Business Type: _____ No. of Employees: _____ Date Incorporated: _____

Tax Exempt #: _____ Federal ID#: _____ Dun & Bradstreet #: _____
(Please Attach Exemption Certificate)

Legal Entity: Corporation Partnership Proprietorship State Incorporated In: _____

Names of Principals/Partners: _____

Names of persons authorized to act on your behalf: _____

Trade References:

1) Name: _____ Address: _____

Phone: _____ Fax: _____

2) Name: _____ Address: _____

Phone: _____ Fax: _____

3) Name: _____ Address: _____

Phone: _____ Fax: _____

4) Name: _____ Address: _____

Phone: _____ Fax: _____

Bank References:

1) Name: _____ Checking Account #: _____

Address: _____

Phone: _____ Contact: _____

Terms

Payment terms are net 30 days from date of invoice with approved credit. A service charge of 1.5% per month (18% per annum) will be added to all past due invoices. Orders accepted are subject to Kor-Chem, Inc. prices and terms of sale in effect at the time of shipment. Seller liability is limited to the invoice price of goods sold. Should the account be assigned to a collection agency or attorney for collection, all collection and legal fees shall be paid by the applicant.

The above information is for the purpose of obtaining credit and is guaranteed to be true and correct. Applicant hereby authorizes Kor-Chem, Inc. to investigate the references listed pertaining to his credit and financial responsibility and to answer questions about his credit experience with applicant. Applicant represents that it is financially able to meet commitments made and agrees to pay invoices in accordance with the terms and conditions.

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____

FOR KOR-CHEM USE ONLY

Date: _____
Approved By: _____
Credit Limit: _____
Terms: _____

Reviewed By: _____
Salesman: _____
Customer #: _____