



410 Pike Road
Huntingdon Valley, PA19006-1610

800- 220-1966 267-684-1038 Fax: 215-357-2754

Application for Credit Account

The undersigned applicant is applying for a business credit line in the amount of \$_____ with Chemical Concepts, Inc and atests that all the information contained in this application is true at the time of the application. Should this application be accepted and a line of credit granted to the applicant, this application will serve as a legally binding agreement of repayment. Should any changes in the information supplied below occur during the course of business between the parties, it is the obligation of the applicant, within 10 business days, to inform Chemical Concepts in writing. Failure to pay invoices when due on a regular basis will lead to a re-evaluation of the line of credit. Chemical Concepts, Inc asserts the right to cancel this line of credit at any time, for any reason, and all amounts owed are due and payable.

Business Contact Information

Company name:

DBA:

Phone:

Fax:

Website:

Registered company address:

City:

State:

Country:

ZIP Code:

Business Type: (circle)

Sole proprietorship:

Partnership:

Corporation:

Other:

Date business commenced:

State of Incorporation:

Date:

Names of Principals:

% of Ownership

Purchasing Agent:

Email:

Accounting Contact:

Email:

Business and Credit Information

Primary business activity:

Primary business address:

City:

State:

Country:

ZIP Code:

How long at current address?

Own or Rent? (circle)

OWN

RENT

Telephone:

Fax:

Bank name:

Contact:

Bank address:

Phone:

City:

State:

Country:

ZIP Code:

Type of
account

Account number

Savings

Checking

Other

Business/trade references

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Terms of account:

Company name:			
Address:			
City:		State:	
Phone:		ZIP Code:	
Fax:		E-mail:	
Terms of account:			
Business/trade references (continued)			
Company name:			
Address:			
City:		State:	
Phone:		ZIP Code:	
Fax:		E-mail:	
Terms of account:			
Company name:			
Address:			
City:		State:	
Phone:		ZIP Code:	
Fax:		E-mail:	
Terms of account:			
Agreement			
1. All invoices are to be paid per your terms from the date of the invoice. 2. Claims arising from invoices must be made within 14 working days. 3. All returns require authorization. Returns made without prior authorization will be refused and returned. 4. By submitting this application, you authorize Chemical Concepts, Inc to make inquiries into the banking and business/trade references that you have supplied. 5. Late payments are subject to a 1.5% per month finance charge. 6. Your signature below acknowledges responsibility for all claims, attorney fees, and court costs arising from collection efforts due to non payment.			
Signatures			
* Signature:		Signature:	
Title:		Title:	
Date:		Date:	

Permission to release credit information			
* Company name:			
DBA:			
Registered company address:			
City:		State:	
Country:		ZIP Code:	
(Insert Company Name) is requesting a line of credit from Chemical Concepts, Inc. of Huntingdon Valley, PA. We have provided your company as a credit reference. This letter authorizes your firm to release our business credit history, according to your own business practices, to Chemical Concepts, Inc. for the purposes of securing a line of credit only. This permission is granted for and expires after 30 days from the signature date below. Your prompt assistance in this matter would be greatly appreciated.			
Signatures			
* Authorized Signature:			
Printed Name			
Title:			
Date:			

*Highlighted fields are mandatory for processing.