



CONFIDENTIAL CREDIT APPLICATION

Type of business: LLC Sole Proprietor C-Corp

Registered Business Name: _____

Trade Name: _____

Address: _____

Billing Address as above or _____ Telephone # _____

Nature of Business: _____ How long in business _____

How long at present address _____ Premises are: Owned Leased

Expiry date of Lease _____ Landlord's name _____

Amount of Credit requested _____

A/P Email address: _____ Telephone # _____

LLC or C-Corp

President's Name _____ Date of Incorporation _____

Officer's Names _____

Sole Proprietorship or Partnership

Your Name: _____ Date of Birth _____

Home Address: _____

Home Telephone # _____ Social Insurance # _____ Driver's License # _____

Bank Information

Name of Bank _____ Account # _____

Branch Address _____ Telephone # _____ Fax # _____

Bank rating if applicable _____

Account type: Current Line of Credit Term Loan Other _____
(please specify)

Trade References (with whom you have charge privileges)				
	NAME	TELEPHONE #	FAX #	EMAIL ADDRESS
1.				
2.				
3.				

WE PREFER ELECTRONIC PAYMENTS via ACH or Wire Tansfer

Credit Agreement

(Please read before signing)

In consideration of acceptance of this application, applicant may obtain our products subject to the following terms and conditions:

1. The Applicant agrees to terms established by **U.S. Chlorides, Inc.**
2. The Applicant agrees that charge account privileges may be cancelled at any time without notice.
3. The Applicant understands that this is a Credit Application and as such agrees to authorize inquires into the Applicants credit standing either by direct communication or through Credit Reporting Bureau's. The Applicant states that the information contained in this application is true and valid and that the applicant has signing authority. It is also understood that if this application for credit is accepted, the applicant agrees to the credit terms as stated in this Agreement.

Applicant: _____ Title: _____

Signature: _____ Date: _____ 20__

Co-applicant: _____ Title: _____

Signature: _____ Date: _____ 20__

Please note: **All credit information must be completed for this application to be considered.**

Please return to: Attn: Sales@USchlorides.com or Fax: 610-298-1122