



EPA Reg. # CA01419 ELAP Cert. # 2505

APPLICATION FOR CREDIT

Company Name: _____
Billing Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Contact: _____ email: _____
Business Structure (circle one): Corporation / LLC / Partnership / Individual
Owners/Officers name(s): _____
DUNS #: _____ TAX ID #: _____

TRADE REFERENCES

Name and Address	Phone/Fax/email/contact
1: _____ _____	_____ _____
2: _____ _____	_____ _____
3: _____ _____	_____ _____
4: _____ _____	_____ _____

Name of Bank: _____ Phone No: _____
Account #: _____ Contact: _____

Signature Title Date

By signing above application and/or submitting samples applicant agrees to the payment terms of NET 30 days (upon credit approval).