



MARYLAND CHEMICAL CUSTOMER CREDIT APPLICATION

APPLICANT

Name: _____
 Address: _____

 Telephone: _____
 Fax: _____

CONTACTS

Purchasing: _____
 Accounts Payable: _____
 Officers: _____

FORM OF BUSINESS

Individual _____
 Partnership _____
 Corporation _____
 Federal Tax ID#: _____
 Type of Business: _____
 Date Started: _____
 Annual Sales: _____
 D & B #: _____
 Amount of credit requested: _____

BANK REFERENCE

Name of Bank: _____
 Address: _____

 Telephone: _____
 Contact: _____
 Your account number at bank: _____

TRADE REFERENCES

1. Name: _____
 Address: _____

 Telephone: _____

Fax: _____
 Contact: _____

2. Name: _____

Address: _____

 Telephone: _____
 Fax: _____
 Contact: _____

3. Name: _____

Address: _____

 Telephone: _____
 Fax: _____
 Contact: _____

