

Credit Application

For Business Accounts

Chemyx, Inc.

Fax: 1-281-277-0045

Email: sales@chemyx.com

Business Contact Information		
Title:	Phone:	Fax:
Company Name:	E-mail:	
Date Business Commenced:	<input type="checkbox"/> Sole Proprietorship	
Registered Company Address:	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporation	
	<input type="checkbox"/> Other	

Business & Credit Information		
City, State ZIP Code:	Primary Business address:	
How long at current address?		
Phone:	Fax:	Phone:
Email:	Account Number:	
Bank Name:	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	

Business/Trade References		
Company Name:	Phone:	Fax:
Address:	Email:	
City, State, ZIP Code:	Type of Account:	
Company Name:	Phone:	Fax:
Address:	Email:	
City, State, ZIP Code:	Type of Account:	
Company Name:	Phone:	Fax:
Address:	Email:	
City, State, ZIP Code:	Type of Account:	

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. You authorize Chemyx, Inc. to make inquiries into the banking and all references you have supplied.

Signature:	Signature:
Name & Title:	Name & Title:
Date:	Date: