

PLANT LOCATIONS:

2410 LYNCH ROAD EVANSVILLE, IN
 847 BLACKSNAKE ROAD HOT SPRINGS, AR
 11201 SOLOMON ROAD TROY, IN

ORG CHEM GROUPLLC

Credit Application

SUBMIT TO

BOB WERNER
 812-465-5746 FAX
 bwerner@chem-group.com

Company Name:		DBA:	
Parent Company:			
Company Address:		Time at Present Location?	
City:		State:	Zip Code:
Phone:	Fax:	E-mail:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	LLC:
Franchise:	Nature of Business:		
President/Owner:		Federal Tax ID/SS#:	
BUSINESS FINANCIAL INFORMATION			
Billing Address:		Accounts Payable Contact:	
City:		State:	Zip Code:
Telephone:	Fax:	E-Mail:	
Tax Exempt?	Ever Filed Bankruptcy?	If yes, how long ago?	
Bank Name:		Branch:	
Bank Address:		Phone:	
City:		State:	Zip Code:
Checking Acct #:	Savings Acct #:	Other:	
Primary Account Holder:		Years with Institution:	
PURCHASE ORDER AND INSURANCE			
PO Required?	Workman's Compensation?	General Liability?	
BUSINESS/TRADE REFERENCES			
1. Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	E-mail:	
2. Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	E-mail:	
3. Company name:			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	E-mail:	
AGREEMENT			
<p>1. All invoices are to be paid 30 days from the date of the invoice.</p> <p>2. By submitting this application for credit, you authorize YOUR COMPANY NAME or affiliate, to make any inquiries necessary to determine credit worthiness. In addition, to the best of your knowledge the above information is complete and accurate as of the date of this application.</p>			
SIGNATURES			
Authorized Signature: _____		Date: _____	
Print Name: _____		Title: _____	