CHEMICAL DISTRIBUTORS, INC.

80 METCALFE STREET
BUFFALO,NY 14206
(716) 856-2300 FAX: (716) 856-7115

CREDIT APPLICATION

Date:		Phone:	
Name of Firm:		Fax:	
Trade Style (DBA):		Date Established:	
Billing Address:		Fed. ID No.:	
City:		State:	Zip:
Shipping Address:		A/P Manager:	
City:		State:	Zip:

1. ☐ Sole Proprietorship 2. ☐ General Partnership 3. ☐ Corporation

If #1 or #2 is checked above, please fill in the following:

	Name of Principals	Residential Street Address	City/State/Zip	Social Security No.
1.				
2.				
3.				

Tax Status: ☐ Taxable ☐ Resale ***** Note : If non-taxable, please provide a certificate *****

Estimated Annual Purchases:

☐	<$1000	☐	$1000-2500	☐	$2500-5000	■	$5000-10,000	☐	$10,000-25,000	☐	>$25,000

Rated in D&B? ☐ Yes ☐ No Rating: _____ D-U-N-S# _____

How did you hear about us? ☐ Yellow Pages ☐ Salesman ☐ Referral ☐ Mailing ☐ Thomas Register ☐ Internet ☐ Other: _____

Key person using goods: _____

Description of Business or SIC code: _____

Trade References:

	Name	Street Address	City/State/Zip	Phone/Fax (with area code)
1.				
	Account Number:			
2.				
	Account Number:			
3.				
	Account Number:			
4.				
	Account Number:			

Bank References:

	Name	Street Address	City/State/Zip	Phone (with area code)
1.				
Account Number:		Type of Account:		
2.				
Account Number:		Type of Account:		

All Sales are net 30 days. The above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize release of credit information to CDI on references listed above.

_____ _____

Signature Signature

_____ _____

Name Name

_____ _____

Title (Owner, Partner, or Corporate Officer) Title (Owner, Partner, or Corporate Officer)