



APPLICATION FOR CREDIT

(Please sign the bottom of Pg 2 of this application even if submitting your own credit form)

Page 1 of 3

Billing Address:

Legal Name _____

Ship to Address:

Company _____

DBA/Trade Name _____

Address _____

Address/PO Box _____

City _____ St _____

City _____ State _____

Zip _____

Zip _____

Telephone (____) _____

Fax (____) _____

Legal Entity: Corporation ____ Partnership ____ Proprietorship ____ Other ____

Company Ownership: _____

Date Established ___/___/___ Years at Present Address ____ Number of Employees _____

Duns # _____ Requesting \$ _____ Credit Line (If you are requesting over \$25,000 credit line, we require a copy of your most recent financial statement)

Fitz Chem Lockbox Remit to Address: 6340 Reliable Parkway, Chicago, IL 60686

Net Terms: 30 Days

**Fields Indicated Are Mandatory Fields

Authorized Purchasing Agent/Buyers:

Name _____

Title _____

Name _____

Title _____

Controller & Accounts Payable Contacts:

**Name _____

Title _____ Email _____

**Name _____

Title _____ Email _____





****Customer Credit Sheet Can Be Substituted For This Page But A Signature At The Bottom of This Page is Required**

Bank Name _____ Account Number _____ Date Opened _____

Telephone _____ Contact _____ Average Balance \$ _____

**Fields Indicated Are Mandatory Fields

Trade References:

Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Telephone (____) _____ Fax (____) _____

Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Telephone (____) _____ Fax (____) _____

Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Telephone (____) _____ Fax (____) _____

The undersigned hereby certifies that the information herein is true and correct. It is agreed and understood that the undersigned is an authorized agent of the applicant and is duly empowered to enter and make binding agreements on its behalf. Fitz Chem Corporation is hereby authorized to verify this information. Terms of sales are governed solely by the distributor agreement and Fitz Chem Corporation's sales invoice.

Print Name _____

**Signature _____ Title _____ Date ____/____/____

Please make sure to also complete the attached sales tax exempt form or your own exemption certificate. Due to state tax requirements we are required to have this form before your order can ship. A copy of your Registration Certificate does not satisfy the requirements.





Your company's resale certificate can be substituted in lieu of this form. A resale certificate is mandatory and needs to be submitted whether your company is subject to sales tax or not.

RESALE CERTIFICATE

SELLER: Fitz Chem Corporation, 450 E Devon, Itasca, IL 60143

PURCHASER:

_____ (Name)

_____ (Address)

Purchaser hereby certifies that is engaged in the business of selling _____ (description of property or service) and that the tangible personal property described herein which it will purchase from seller will be purchased for the purpose of resale in the regular course of business, unless otherwise specified on each purchase order, and that this certificate shall remain in effect until revoked in writing.

DESCRIPTION OF PROPERTY PURCHASED:

Please indicate if you are a manufacturer or a reseller

COMPLETE one of the following:

- Purchaser holds a valid Illinois (Registration/Resale) No. _____ issued pursuant to the Illinois Retailers' Occupation Tax Act.
- Purchaser holds a valid Registration No. _____ issued pursuant to the Sales and Use Tax Law of the State of _____ and it will always resell and deliver the above described property to its customers outside Illinois.
- Purchaser is subject to sales tax and agrees to pay sales tax on all invoices.

In the event that any of the above described property is used for any purpose other than resale, retention, demonstration, or display while holding the tax required by the Illinois Retailers' Occupation Tax and Use Tax Acts. If the claimed exemption is denied by state taxing authorities, Purchaser agrees to reimburse Seller for any tax, interest, and penalties for which seller is liable as a result of the denied exemption.

I swear or affirm that I have examined this certificate and that the information on it is true and correct (to the best of my knowledge and belief).

Date: _____

BY: _____
(Signature of Purchasing Agent)

