



APPLICATION FOR CREDIT

(Please sign this form agreeing to our terms even if submitting your own credit form)

Billing Address:

Ship to Address:

Legal Name _____ Company _____

DBA/Trade Name _____ Address _____

Address/PO Box _____

City _____ St _____ City _____ State _____

Zip _____ Zip _____

Telephone (____) _____ Fax (____) _____

Legal Entity: Corporation ____ Partnership ____ Proprietorship ____ Other _____

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

D&B Rating _____ 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**

Authorized Purchasing Agent/Buyers:

Name _____ Title _____

Name _____ Title _____

Controller/Accounts Payable:

Name _____ Title _____

Name _____ Title _____

(If your company has a pre-printed form with references, please attach and sign the bottom of this form)



**FITZ CHEM CORPORATION**450 E. Devon Avenue Suite 175 • Itasca, IL 60143-1261
Phone: 630-467-8383 • Fax: 630-467-1183www.fitzchem.com

GROWTH THROUGH REPUTATION

Bank Information:

Bank Name _____ Account Number _____ Date Opened _____

Telephone _____ Contact _____ Average Balance \$ _____

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. 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.



Quality • Responsibility • Stewardship



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:

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 Purchaser)

Title: _____

