

RAVAGO CHEMICALS NORTH AMERICA

Credit Application

| Customer Legal Name: | | | | | | | |
|---|----------------------------|----|--|--|--|--|--|
| Address: | | | | | | | |
| City, State, & Zip: | | | | | | | |
| Contact Phone and Fax Number: | | | | | | | |
| S Corp Proprietorship Pa | rtnership LLC Other | | | | | | |
| Date Business Established: Cr | edit Amount to Establish: | | | | | | |
| Dun & Bradstreet (DUNS) Number: | | | | | | | |
| Name of Officers, Partners or Proprietors | | | | | | | |
| Name: | | | | | | | |
| Title: | | | | | | | |
| Name: | Name: | | | | | | |
| Title: | | | | | | | |
| | Supplier Reference | | | | | | |
| Company Name: | | | | | | | |
| | Address, City, State, Zip: | | | | | | |
| Phone and Fax Number: | | | | | | | |
| | Supplier Reference | | | | | | |
| | Company Name: | | | | | | |
| | Address, City, State, Zip: | | | | | | |
| Phone and Fax Number: | | | | | | | |
| Supplier Reference | | | | | | | |
| | Company Name: | | | | | | |
| | Address, City, State, Zip: | | | | | | |
| Phone and Fax Number: | Phone and Fax Number: | | | | | | |
| Bank Reference | | | | | | | |
| | Company Name: | | | | | | |
| 7 27 7 | Address, City, State, Zip: | | | | | | |
| | Phone and Fax Number: | | | | | | |
| Account Number: | | | | | | | |
| Bank Reference | | | | | | | |
| | Company Name: | | | | | | |
| | Address, City, State, Zip: | | | | | | |
| Phone and Fax Number: Account Number: | | | | | | | |
| | | | | | | | |
| Customer Tax Status | Yes | No | | | | | |
| Is your company sales tax exempt? | | | | | | | |

If customer is sales tax exempt, please attach a copy of your tax exemption certificate. **Note:** Accounts will be set up as taxable until required tax information is received.

^{****}Terms will be Net 30 unless otherwise specified.



Please Provide Delivery Information

| Receivin | g Hours: | | | | | |
|--|---|-----------------|------------|------------|----------------|--|
| Delivery Appointment Required? | | | YES | 1 | NO | |
| Dock Available for Offloading?Need Lift-gate? | | | YES | | NO | |
| | | | YES | 1 | NO | |
| | in an Industrial Area? ease explain; | | YES | 1 | NO | |
| Certificate of Analysis Required? | | Yes | or | No | | |
| If required: | Email Certificate | Fax Cer | tificate | | | |
| If fax, please p | provide a number: | | | | | |
| If email, pleas | e provide an email address: | | | | | |
| Have all appropriate employees been trained in safety and emergency responses? | | | | | | |
| Does your compan | y ensure all self-generated wa | aste is dispos | sed of res | ponsibly? | | |
| process. This includ health and safety and | stribution, Inc. subscribes to the es pollution prevention, proces l product stewardship. To achie hecklist for your completion. | ss safety in ho | ındling an | d distribu | tion, employee | |
| Signature of Authoria | zed Person: | | | | | |
| Printed Name / Title | : | | | | | |
| Date: | | | | | | |
| | | | | | | |

