



RAVAGO CHEMICALS NORTH AMERICA

# Credit Application

|   |                            |                                      |
|---|----------------------------|--------------------------------------|
| Customer Legal Name:                      |                            |                                      |
| Address:                                  |                            |                                      |
| City, State, & Zip:                       |                            |                                      |
| Contact Phone and Fax Number:             |                            |                                      |
| S Corp                                    | C Corp                     | Proprietorship Partnership LLC Other |
| Date Business Established:                |                            | Credit Amount to Establish:          |
| Dun & Bradstreet (DUNS) Number:           |                            |                                      |
| Name of Officers, Partners or Proprietors |                            |                                      |
|   | Name:                      |                                      |
|   | Title:                     |                                      |
|   | 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:      |                                      |
| Bank Reference                            |                            |                                      |
|   | Company Name:              |                                      |
|   | 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                                  |
| Is your company sales tax exempt?         |                            | No                                   |
|   | <input type="checkbox"/>   | <input type="checkbox"/>             |

**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.

