

CHEMICAL DISTRIBUTORS, INCORPORATED

**80 METCALFE STREET
BUFFALO, NY 14206
(716) 856-2300 FAX: (716) 856-7115
sales@cdibuffalo.com**

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:
Website:		A/P Email:	

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.				

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

Estimated Annual Purchases:

<input type="checkbox"/>	<\$1000	<input type="checkbox"/>	\$1000-2500	<input type="checkbox"/>	\$2500-5000	<input type="checkbox"/>	\$5000-10,000	<input type="checkbox"/>	\$10,000-25,000	<input type="checkbox"/>	>\$25,000
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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:			

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)



AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

The undersigned has made application to Chemical Distributors, Incorporated hereinafter called "CDI", for a commercial line of credit, and hereby authorizes CDI to obtain from any credit reporting agency, any credit report relating to the undersigned which it may deem necessary for evaluating that request.

The undersigned also hereby authorizes my Bank,

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

Or, other lender or grantor of credit to provide CDI information regarding the character, reputation, financial responsibility, indebtedness of the undersigned and copies of financial statements for the purpose of evaluating the commercial credit request.

The undersigned, hereby releases CDI and any lender or grantor of credit from any and all claims or causes of action that may arise by reason of the information furnished.

(Signed)

(Date)