



Credit Application Data

PLEASE TYPE or PRINT CLEARLY

NEW ACCOUNT

ACCOUNT UPDATE

Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

Check One: [] Corporation [] Proprietorship [] Partnership Years in business _____

Indicate The Following If Applicable:

Division of: Name _____ Address _____

Subsidiary of: Name _____ Address _____

Affiliated with: Name _____ Address _____

Name of Owner(s): _____ Names of Officers: _____

1. _____ 1. _____

2. _____ 2. _____

Financial Statement: [] Attached [] Refused [] To be mailed

Bank References

1. Name _____ Account No. _____

Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

2. Name _____ Account No. _____

Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

Trade References: (Currently purchasing from)

1. Name _____ Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

Fax No. (____) ____-____

2. Name _____ Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

Fax No. (____) ____-____

3. Name _____ Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

Fax No. (____) ____-____

4. Name _____ Address _____

City _____ State _____ Zip _____ Tel. No. (____) ____-____

Fax No. (____) ____-____

TAX EXEMPT [] YES* [] NO * IF YES, PLEASE ATTACH A COPY OF SIGNED EXEMPTION FORM.

RETURN TO: Fran Wolf FAX: 215-657-9246 or E-MAIL: fran.wolf@evonik.com

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