



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

EVONIK ROHMAX USA Inc.

723 ELECTRONIC DRIVE • HORSHAM, PA • 19044-2228 • USA
TEL: 215-706-5800 (OR 888-876-4629 IN THE USA AND CANADA) • FAX: 215-706-5801
WEBSITE: WWW.ROHMAX.COM

