

Legal Name:	Doing Business As:				
Address: Street Address	City Sta	te	Zip	Country	
Kind of Business					Year Started
Type of Business Entity: (If not a publicly traded corporation, please					Duns #
Corporation: Select Type Partnership			уре	Proprietorship	<b>D</b> "
Name of Top Parent and/or Majo	or Affiliate			Duns #	
Address: Street Address	City	State	e Zip Country		
CREDIT/FINANCIAL INFORMATION					
Financial Contact:	Ро	Position:		Phone #	
Payment Contact:		Phone #		Fax #	
Email address: Website:					
Other Accounts with our company? Sales & Use Tax Exempt Federal Tax ID/EIN #   No Yes If yes, Number(s) Yes No   If yes, please include signed certificate If yes, please include signed certificate Federal Tax ID/EIN #					
Financial Statements ( 2 Years Required):			Attached	M	ailed
Credit References - Main Bank and Three Largest Suppliers					
Name Address			Person to	Contact	Telephone No.
				COMMEN	
OWNER(S) INFORMATION		FOR MARKETING USE *			
Name & Title:		Products and Volume to be sold:			
Street:		Credit Terms:			
City/State: Zip		Discussed with Customer  Yes  No Sales Representative:			
Type & Percent of Ownership:		Business Segment:			
Name & Title:		Sales Approval - Signature, Title, Date:			
Street:					
		FOR CREDIT USE			
City/State: Zip		Approved Credit Limit: \$			
		Comment:			
(attach additional sheets if necessary)		Credit Approval - Signature			
		Tit	le:	D	ate:

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