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Credit Application

Business Information

Company Name: _____	Billing Address: _____
Billing Contact: _____	_____
Billing Email: _____	Billing City, State, Zip: _____
Billing Phone: _____	Billing Fax: _____
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Years in business: _____
Principal Name: _____	D&B: _____ Tax ID #: _____

Trade References

Company Name: _____	Company Name: _____
Contact: _____	Contact: _____
Account No: _____	Account No: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Company Name: _____	Company Name: _____
Contact: _____	Contact: _____
Account No: _____	Account No: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

Bank Reference

Bank Name: _____	Phone: _____
Contact: _____	Account No.: _____
Address: _____	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other

Agreement

The undersigned represents that he or she is an officer or agent of the applicant and is authorized to act on its behalf. If extended credit pursuant to this Credit Application, the applicant agrees to the standard ECI terms and conditions: Payment is due in full 30 days from the date of the invoice. Environmental Chemistry, Inc. is hereby authorized to investigate the references listed above concerning the applicant's credit history and financial responsibility.

Authorized Signature: _____ Date: _____

Name/Title: _____