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CREDIT APPLICATION

ID# 10

Credit Amount Requested \$ _____

COMPANY INFO

Name _____
 DBA _____
 Address _____
 Phone _____ Fax _____

Federal Taxpayer ID# _____ **DUNS#** _____
State Sales Tax License# _____ **State of Incorporation** _____

**If Tax Exempt, provide copy of Sales Tax Exemption Certificate. Otherwise Tax will be charged.

SIC# (or describe business activity) _____
Year Established _____ **Business Type** _____
Ind/Sole Proprietor / Corporation / Partnership / LLC / Other

PRINCIPALS

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
Phone _____	Phone _____

BANK REFERENCE

Bank _____	Contact Name _____
Address _____	Account # _____
Phone _____	

BUSINESS CREDIT REFERENCES

Company _____	Company _____
Contact _____	Contact _____
Email _____	Email _____
Fax _____	Fax _____
Company _____	Company _____
Contact _____	Contact _____
Email _____	Email _____
Fax _____	Fax _____

By signing below, you authorize Industrial Chemicals Corporation to perform a routine credit check and to contact the References provided. Standard terms are Net 30 days. ACH and Business Checks are the preferred forms of payment. If paying with a Credit Card, they will only be accepted at the time of shipment. A 1½% Finance Charge will be assessed on past due invoices.

Signature of Authorized Principal / Officer _____

Date _____