



APPLICATION FOR CREDIT

QCC REP _____

Company Name:		D/B/A:	
FEIN#:	Phone:	Fax:	
Billing address:			
City:	State:	ZIP Code:	
Email:		Years in Business:	DUNS#:
Shipping Address:			
City:	State:	ZIP Code:	
For condominiums, hotels, rentals: Number of Units: _____ % of Occupancy: _____			

OWNER/OFFICER AND INVOICING INFORMATION

For condominiums, please list Building Manager and President of Association

Owner/Officer's Name/President:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Owner/Officer's Name(2)/Building Manager:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

INFORMATION FOR BILLING PURPOSES

Accounting/Payable Contact Full Name:		Extension:	
Phone:	Fax:	Email:	
Management Company:		Do you pay Sales Tax?: If NO, attached Resale Certificate	

BANK INFORMATION

Bank Name:		
Address:		
City:	State:	ZIP Code:
Account #:	Phone:	Fax:
Contact Name:		

TRADE SUPPLIERS

Name Address	Phone#	Fax #
Name Address	Phone #	Fax #
Name Address	Phone #	Fax #
Name Address	Phone #	Fax #

PLEASE READ AND SIGN

Quality Chemical Company will extend credit only after approval of this credit application. Account terms are payable in full, net 30 days from date of the invoice. **A late payment charge of 1½ % per month will be added to any balance not paid within terms.** Failure to maintain a current account will result in the refusal of credit. Subsequent services and purchases will be on a C.O.D. basis. Quality Chemical Company retains the right to extend or deny credit at any time in the future and the right to place unpaid amounts in the hands of an agency or attorney for collection where permitted by laws governing these transactions. In the event of any litigation, including appeals, with regard to this Agreement or the collection of any outstanding balances, the prevailing party shall be entitled to recover from the non-prevailing party all reasonable fees, costs, and expenses of counsel. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Florida applicable to contracts executed in and to be performed in that State, without regard to its conflict of laws principles.

I/We, the undersigned, wish to open an account with Quality Chemical Company and hereby grant Quality Chemical Company permission to check credit and/or the credit of any and all signers for Buyer (through its agencies), at any time, for the purpose of establishing credit.

Name of Person Signing	Signature	Title	Date
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