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CREDIT APPLICATION

Correct Legal Name: Salesperson:

Trade or D/B/A name if different:

Type of Business (circle one): Corporation Partnership Proprietorship Years in Business:

Mailing Address: Ship to Address:

Telephone: Fax:

Cell Phone: Owned By:

A/C Payable Contact: Email (for invoices):

Commercial Bank References

Commercial Bank References: Contact Name:

Address: Phone/Fax:

Trade References

Reference 1: Contact Name:

Address: Phone:

Reference 2: Contact Name:

Address: Phone:

Reference 3: Contact Name:

Address: Phone:

Are purchase orders required? Yes No

Anticipated monthly credit request: \$

Terms: 30 days with approved Credit. First Order will be on CASH BASIS. Invoices are due and payable 30 days from the invoice date. Delinquent invoices will be subject to a late charge of 1.5% per month (18% per annum), with a \$ 10.00 minimum (per invoice) late fee. Should collection become necessary, customer will be charged all collection or legal fees associated with collections. Please be advised that failure to pay billed charges when due may result in lien on future orders, including cost of storage and appropriate security for such future orders held. Your timely payment of our charges is appreciated. User has sole responsibility for determination of the suitability for the use contemplated. User assumes all risks resulting from the use of product and must confirm acceptability thereof by their own tests. Liability will in no event exceed value of material sold. I hereby authorize MegaChem or any credit bureau or other investigative agency employed by us, to obtain bank, vendor or other credit references and personal credit information on owners, officers, directors or guarantor(s) as deemed necessary to establish credit and financial responsibility. I certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. By my signature below, I certify that I have read the terms and conditions of this document and hereby agree to them.

Signature: Date:

Name: Title: