



CREDIT APPLICATION

Name of Firm or Individual: _____

Federal I.D. #: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Primary Contact E-mail: _____ Web Site URL: _____

Accounts Payable E-mail: _____

Corporation Years in business: _____

Partnership Names of Principals/Owners/Officers:

Individual

Check all that apply: Essential Brand Private Brand Superbase

Bank Reference: Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Officer: _____ Phone: _____

Fax: _____

Do you want e-mail order confirmations and invoices? Y N E-mail (if different):

* Please attach signed sales tax exemption form or indicate if purchases are taxable.

Yes No

(over)



CREDIT APPLICATION

Company

Address

Telephone

Fax

Company

Address

Telephone

Fax

Company

Address

Telephone

Fax

Company

Address

Telephone

Fax

I certify the information contained in this credit application and/or any information attached hereto is true and correct. Applicant agrees to: (1) pay all charges for the account or others using this account; (2) pay all amounts within payment terms shown on each invoice or be subject to late payment or interest charges not in excess of that permitted by law; and (3) pay all collection costs including reasonable attorney or agent fees relating to this account. I hereby authorize Essential Industries, Inc. to contact our trade and bank references for normal credit information.

Signature

Title

Date

Vice President - Sales Approval

*Print form. Signature required.
Mail or fax back to Essential.*