



780 VINE HILL WAY, MARTINEZ CA 94553 P: (888) 841-3335 F: (888) 841-3335

## Credit Application

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_ Federal Id# \_\_\_\_\_

Please check one of the following: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

### Trade References:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Bank References

Name \_\_\_\_\_

Address \_\_\_\_\_

Account# \_\_\_\_\_

Phone \_\_\_\_\_

I/We certify that all the information on this form is correct. I/We authorize Miles Chemical, Inc. to perform a credit evaluation on the Company and/or the Owner(s) of the Company in connection with this application for credit. I/We fully understand your credit terms of 30 days or previously agreed upon terms.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Office Use Only

Approved \_\_\_\_\_ Declined \_\_\_\_\_ Monthly Credit Amount \_\_\_\_\_

Receivables Manager \_\_\_\_\_ Controller \_\_\_\_\_

General Manager \_\_\_\_\_ Date \_\_\_\_\_ Sales Rep: \_\_\_\_\_