

APPLICATION FOR CREDIT

(Please sign the bottom of Page 2 of this application even if submitting your own credit form)

Page 1 of 3

BILLING ADDRESS			SHIP TO ADDRESS		
Legal Name			Company		
DBA/Trade Name			Address		
Address/PO Box					
City	ST	ZIP	City	ST	ZIP

Telephone (____) _____ Fax (____) _____

Will Fitz Chem ever ship to a residential address: Yes / No **

Legal Entity: Corporation Partnership Proprietorship Other _____

Company Ownership: _____

Date Established ___ / ___ / ___ Years at Present Address _____ Number of Employees _____

Duns # _____ Requesting \$ _____ Credit Line

(If you are requesting over \$25,000 credit line, we require a copy of your most recent financial statement)

Fitz Chem Lockbox Remit to Address: PO BOX 775812, Chicago, IL 60677-5812

Net Terms: 30 Days

Authorized Purchasing Agent/Buyers:

Name _____ Title _____

Name _____ Title _____

Controller & Accounts Payable Contacts:

****Name** _____ Title _____ Email _____

****Name** _____ Title _____ Email _____

**** Fields Indicated Are Mandatory Fields**

Fitz Chem LLC

The Customer-Centered Specialty Chemical Distributor

450 E. Devon Avenue Suite 175 ▪ Itasca, IL 60143-1261

Phone: 630-467-8383 ▪ Fax: 630-467-1183 ▪ www.fitzchem.com



Customer credit sheet can be substituted for this page but a signature at the bottom of this page is required

Bank Name _____ Account Number _____ Date Opened _____

Telephone _____ Contact _____ Average Balance \$ _____

Trade References: Either fax # or Email Address for Each is Required

Company			
Address	City	State	Zip
Contact			
Email (Preferred)	Telephone ()	Fax ()	

Company			
Address	City	State	Zip
Contact			
Email (Preferred)	Telephone ()	Fax ()	

Company			
Address	City	State	Zip
Contact			
Email (Preferred)	Telephone ()	Fax ()	

The undersigned hereby certifies that the information herein is true and correct. It is agreed and understood that the undersigned is an authorized agent of the applicant and is duly empowered to enter and make binding agreements on its behalf. Fitz Chem LLC is hereby authorized to verify this information. Terms of sales are governed solely by the distributor agreement and Fitz Chem LLC's sales invoice.

Print Name _____

**Signature _____ Title _____ Date ____ / ____ / ____

**** Fields Indicated Are Mandatory Fields**

**Please make sure to also complete the attached sales tax-exempt form or your own exemption certificate.
 Due to state tax requirements we are required to have this form before your order can ship.
 A copy of your Registration Certificate does not satisfy the requirements.**



Your company's resale certificate can be substituted in lieu of this form.

A resale certificate is mandatory and needs to be submitted whether your company is subject to sales tax or not.

RESALE CERTIFICATE

SELLER: Fitz Chem LLC, 450 E Devon, Itasca, IL 60143

PURCHASER:

_____ (Name)

_____ (Address)

Purchaser hereby certifies that is engaged in the business of selling _____
(description of property or service) and that the tangible personal property described herein which it will purchase from seller will be purchased for the purpose of resale in the regular course of business, unless otherwise specified on each purchase order, and that this certificate shall remain in effect until revoked in writing.

DESCRIPTION OF PROPERTY PURCHASED:

Please indicate if you are a manufacturer or a reseller

COMPLETE one of the following:

- Purchaser holds a valid Illinois (Registration/Resale) No. _____ issued pursuant to the Illinois Retailers' Occupation Tax Act.
- Purchaser holds a valid Registration No. _____ issued pursuant to the Sales and Use Tax Law of the State of _____ and it will always resell and deliver the above described property to its customers outside Illinois.
- Purchaser is subject to sales tax and agrees to pay sales tax on all invoices.

In the event that any of the above described property is used for any purpose other than resale, retention, demonstration, or display while holding the tax required by the Illinois Retailers' Occupation Tax and Use Tax Acts. If the claimed exemption is denied by state taxing authorities, Purchaser agrees to reimburse Seller for any tax, interest, and penalties for which seller is liable as a result of the denied exemption.

I swear or affirm that I have examined this certificate and that the information on it is true and correct (to the best of my knowledge and belief).

Date: _____

BY: _____
(Signature of Purchasing Agent)

