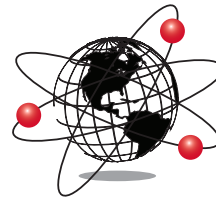


# NEW CUSTOMER APPLICATION

All forms must include credit card, photo ID, and personal guarantee.

Email all forms to [pturn@chemicalequipmentlabs.com](mailto:pturn@chemicalequipmentlabs.com).



**CHEMICAL  
EQUIPMENT  
LABS INC.**

IMPORT EXPORT SPECIALISTS  
SALT \* ICE MELT \* WATER TREATMENT SPECIALIST

Business Name: \_\_\_\_\_

Street Address (No Post Office Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Billing Address (if different from business address): \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

Email for Invoicing/Accounting: \_\_\_\_\_

Contact Name and Phone for Accounts Payable: \_\_\_\_\_

Is this business tax-exempt? Yes  If yes, please attach certificate. No

Have you ever filed under bankruptcy law? Yes  If yes, please specify date: \_\_\_\_\_ No

## Principal(s), Owner(s), and/or Partner(s)

First Individual - Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Second Individual - Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Authorization** - The undersigned authorizes Chemical Equipment Labs, Inc. (CEL) to obtain both business and personal credit reports from credit-reporting services to base any credit-granting decision. The undersigned certifies that all of the information on this form is true and correct and unconditionally and personally guarantees payment for all goods and services purchased from CEL, including finance charges.

First Individual - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Individual - Printed Name: \_\_\_\_\_

Second Individual - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Individual - Printed Name: \_\_\_\_\_

**Credit Agreement, Terms and Conditions** - If Chemical Equipment Labs of DE, Inc. (referred to herein as "CEL") chooses to extend credit to Applicant, Applicant agrees that all charges are payable by the 30th day after invoice date or by the terms and conditions as stated on invoice. Applicant hereby agrees to pay finance charges of 18% per annum or the maximum allowed by law on all overdue accounts. If it becomes necessary for CEL to place the account for collection to enforce payment on any charges, Applicant agrees to pay all collection fees, including court costs and attorney's fees of 33 & 1/3%. Applicant further agrees that any disputes resulting from this Agreement are the sole jurisdiction of the Court of Common Pleas, Delaware County, PA. All accounts are due and payable at the remittance address shown on the CEL invoice. Applicant agrees that each of the terms and conditions of sale stated on a CEL invoice shall be a term of the contract of each sale from CEL to Applicant. We must have a credit card on file in order to accept a New Customer Application and to place an order.

Name on Credit Card: \_\_\_\_\_

Visa  Mastercard  Discover  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Security Code on Back of Card: \_\_\_\_\_