

Chemical Equipment Labs of DE, Inc.
PO Box 1136
Linwood, PA 19061

NEW CUSTOMER/CREDIT APPLICATION

Please complete all fields in blue or black ink

BUSINESS NAME:

STREET ADDRESS: NO POST OFFICE BOXES

CITY, STATE, ZIP CODE:

TELEPHONE:

FAX:

BILLING ADDRESS: *If different from business address*

TAX EXEMPT

YES ___ NO ___ (ATTACH CERTIFICATE IF YES)

BUSINESS TYPE: *Check One*

Sole Proprietorship ___ LLC ___

Partnership ___ Corporation ___

YEAR BUSINESS ESTABLISHED:

PRIOR HISTORY:

HAVE YOU EVER FILED UNDER ANY BANKRUPTCY LAW?

YES ___ NO ___

IF YES, PLEASE SPECIFY DATE: _____

OFFICE USE ONLY

SUBMITTED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

TERMS: _____ CREDIT LIMIT: _____

**ALL APPLICATIONS MUST BE ACCOMPANIED BY A
PHOTOCOPY OF DRIVERS LICENSE OF ALL
PERSONAL GUARANTORS AND CREDIT CARD INFO.**

PRINCIPAL(S), OWNER(S) AND/OR PARTNER(S)

FIRST INDIVIDUAL

NAME:

TITLE:

HOME ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE NUMBER:

SOCIAL SECURITY NUMBER

SECOND INDIVIDUAL

NAME:

TITLE:

HOME ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE NUMBER:

SOCIAL SECURITY NUMBER

CREDIT AGREEMENT, TERMS AND CONDITIONS

In consideration of Chemical Equipment Labs of DE, Inc. (referred to herein as "CEL") extending credit to Applicant, Applicant agrees all charges are payable by the 30th day after invoice date or by the terms and conditions as stated on our invoice. Applicant hereby agrees to pay finance charges of 18% per annum or the maximum allowed by law on all overdue accounts. Should it become 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 an order.** If your account exceeds the terms specified, the card on file will be used to bring your account current. If the card does not satisfy the delinquency, your account will be placed on "STOP SHIP" or your credit may be revoked

AUTHORIZATION

The undersigned authorizes CEL to obtain both business and personal credit reports from credit reporting services to base this credit granting decision. The undersigned certifies that all of the information on this credit application is true and correct and unconditionally and personally guarantees payment for all goods and services purchased from CEL, including finance charges.

FIRST INDIVIDUAL AS PRINCIPAL, OWNER OR PARTNER

SIGNATURE

DATE

PRINTED NAME:

FIRST INDIVIDUAL AS PERSONAL GUARANTOR

SIGNATURE

DATE

PRINTED NAME:

*** **

SECOND INDIVIDUAL AS PRINCIPAL, OWNER OR PARTNER

SIGNATURE

DATE

PRINTED NAME:

SECOND INDIVIDUAL AS PERSONAL GUARANTOR

SIGNATURE

DATE

PRINTED NAME:

CREDIT CARD AUTHORIZATION

CARD TYPE: _____

CREDIT CARD#: _____

EXP. DATE: _____ SECURITY CODE: _____

CARDHOLDER: _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

CUSTOMER SIGNATURE: _____

I CERTIFY THAT I AM AUTHORIZED TO USE THIS CREDIT CARD AND I AM AUTHORIZING CEL TO USE THIS CREDIT CARD IN ACCORDANCE WITH THE ATTACHED TERMS AND CONDITIONS SET FORTH HEREIN.

VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

