

**SCC Distribution
CREDIT APPLICATION**

Complete form and return via fax to 832-448-7101

APPLICANT INFORMATION

Company Legal Name:

Trade name or DBA:

Type of business: wholesale retail distributor manufacturer

Entity type: corporation LLC partnership sole proprietorship

Fed Tax ID# (FEIN):

Date Established:

D&B #:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Website:

Billing Address (if different from mailing):

City:

State:

Zip Code:

Phone:

Fax:

Email:

Accounts payable contact:

For additional consideration, please also include most recent audited financial statements with this application.

BANK REFERENCE

Bank Name:

Address:

City:

State:

Zip Code:

Contact Name:

Phone:

Fax:

Account Number:

TRADE REFERENCES

Company:

Address:

City:

State:

Zip Code:

Contact Name:

Phone:

Fax:

Email:

Company:

Address:

City:

State:

Zip Code:

Contact Name:

Phone:

Fax:

Email:

Company:

Address:

City:

State:

Zip Code:

Contact Name:

Phone:

Fax:

Email:

AUTHORIZATION

The applicant certifies under the penalty of perjury that the statements contained in the application are true and correct. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution and trade references listed in the credit application to release necessary information to SCC Distribution / Southern Chemical Corporation for which credit is being applied for in order to verify the information contained herein. I acknowledge that credit privileges, if granted, may be withdrawn at any time.

Printed name, title, date & signature of authorized representative