

APPLICATION FOR CREDIT

Form: 01990015 Rev. A

⊛ For fastest service you should fax this form to the number below. You may also mail a copy to us for review.

⊛ Customer Information

Date: _____ Phone: _____
Co. Name: _____ FAX: _____
Type of Bus.: _____ Date Est.: _____
E-Mail: _____ Fed. ID Nbr.: _____
Website: _____
Billing Address: _____ A/P Manager: _____
City: _____ State: _____ ZIP: _____
Shipping Address: _____ Contact: _____
City: _____ State: _____ ZIP: _____

1 Sole Proprietorship 2 General Partnership 3 Corporation

Note: If you checked #1 or #2 above, please fill in the following:

Name of Principals Residential Street Address City/State/ZIP Social Security Number
1 _____
2 _____

Tax Status: Taxable Resale DUNS# _____

Note: If non-taxable, please provide a signed resale certificate.

⊛ Estimated annual purchases from General Treatment Products, Inc.:

Under \$1000 \$1000-\$2500 \$2500-\$5000 \$5000-\$10000 \$10000-\$25000 \$25000 or more

How did you hear about General Treatment Products, Inc.:

"Mail Call" Mailer Internet Referral Yellow Pages Other:

Primary Account Users: _____
SIC Code: _____ Or description of business: _____

⊛ Trade References:

Name	City/State	ZIP	Phone: ()
1 _____			_____
Account Number: _____			FAX: () _____
2 _____			Phone: () _____
Account Number: _____			FAX: () _____
3 _____			Phone: () _____
Account Number: _____			FAX: () _____

⊛ Bank References:

Name	City/State	ZIP	Phone: ()
1 _____			_____
Account Number: _____			FAX: () _____
Type of Account: _____			

⊛ Sign and submit

Terms of sales are Net 30 Days. I hereby declare that the above information is correct and provided for the sole purpose of obtaining credit and is warranted to be true. We also authorize release of credit information to General Treatment Products on references listed above.

Signature: _____ Signature: _____
Name: _____ Name: _____
Title: _____ Title: _____