



Deep Green of New York Credit Application

SALES REP: _____

Company Name						
Contact Name						
Street Address						
City/State/Zip						
Telephone/Facsimile						
Requested Credit Amount or Order Amount		\$ _____				
SIC/NAICS						
Are you tax-exempt?	YES	Tax ID#: _____		(If yes, please attach form).		NO
Have you or any of your affiliates worked with us in the past? _____ Yes _____ No						
If yes, affiliate name and when:						
How did you hear about us?						
Account Type	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Government	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Marine	<input type="checkbox"/> Transportation	
	<input type="checkbox"/> Consultant/Engineer	<input type="checkbox"/> GSA	<input type="checkbox"/> Residence	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Utilities	
	<input type="checkbox"/> Construction	<input type="checkbox"/> Hospital/Healthcare	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Property Management		
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Insurance	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Schools		

BANK INFORMATION (Please include fax numbers)

Bank Name/Contact					
Address					
City/State/Zip					
Telephone/Facsimile					
Account Number	Checking Account # _____				
Account Number	Savings Account # _____				
Account Number	Line of Credit # _____				

CREDIT CARD INFORMATION

AMERICAN EXPRESS/MASTERCARD/VISA #		
Expiration Date		
Name on Credit Card		
Billing Address for Credit Card		

TRADE REFERENCES (Please include fax numbers)

Company Name					
Contact Name					
Street Address					
City/State/Zip Code					
Telephone/Facsimile					
Company Name					
Contact Name					
Street Address					
City/State/Zip Code					
Telephone/Facsimile					
Company Name					
Contact Name					
Street Address					
City/State/Zip Code					
Telephone/Facsimile					

I authorize Cycle Chem, Inc., Clean Venture, Inc. and/or General Chemical Corporation to make inquiries to the references listed above.

Print Name: _____
 Title: _____

Authorized Signature _____
 Date: _____

Please sign and fax this form to Hellen Rodriquez at (908) 355-6217 or call (908) 355-5800, EXT 290.

PLEASE NOTE: Interest charges of 1.5% per month (18% per year) will accrue on all past due amounts. On unpaid amounts, interest and all expenses of collections including a reasonable attorney fee in an amount of 25% will be charged.