



# Envirotech 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)

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| <b>Company Name</b> |  |  |  |  |  |
| Contact Name        |  |  |  |  |  |
| Street Address      |  |  |  |  |  |
| City/State/Zip Code |  |  |  |  |  |
| Telephone/Facsimile |  |  |  |  |  |
| <b>Company Name</b> |  |  |  |  |  |
| Contact Name        |  |  |  |  |  |
| Street Address      |  |  |  |  |  |
| City/State/Zip Code |  |  |  |  |  |
| Telephone/Facsimile |  |  |  |  |  |
| <b>Company Name</b> |  |  |  |  |  |
| 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.