



CREDIT APPLICATION

1216 6th Ave N
Kent WA 98032

Phone: 253.479.7000 or 800.322.6646
Fax: 253.479.7079

BUSINESS INFORMATION

Business Name: _____	Type of Business: _____
Legal (if different): _____	Year Established: _____ # of Employees: _____
Address: _____	<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship
City: _____ State: _____ Zip: _____	Tax ID: _____
Phone: _____	Parent Company: _____
Fax: _____ email: _____	Years in Business: _____

COMPANY PRINCIPALS

Name _____	Title _____
Address _____	Phone _____
Name _____	Title _____
Address _____	Phone _____

TRADE REFERENCES

Name _____	Phone _____
Address _____	Account Opened _____
Contact _____	Account Number _____
Name _____	Phone _____
Address _____	Account Opened _____
Contact _____	Account Number _____
Name _____	Phone _____
Address _____	Account Opened _____
Contact _____	Account Number _____

BANK REFERENCE

Name _____	Branch _____
Address _____	Phone _____
Contact _____	Account Number _____

CONFIRMATION OF ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Integra Chemical Company in determining the amount and conditions of credit to be extended. I understand that Integra Chemical Company may also utilize the other sources of credit which it considers necessary in making this determination. Furthermore, I hereby authorize the bank and trade references listed in this credit application to release to Integra Chemical Company the information necessary for establishing a line of credit.

Signature _____ Title _____ Date _____