

Chemical Universe, Inc.  
1133 Saline St.  
North Kansas City, MO 64116  
816-471-3602  
Fax: 816-474-3302



**THANK YOU FOR YOUR INTEREST IN CHEMICAL UNIVERSE!**

In order to make it easier for you to do business with us, we need some information from you to complete our records. Please fill out the following credit application to assist in our process.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ DIRECT LINE: \_\_\_\_\_

ANTICIPATED MONTHLY PURCHASES: \_\_\_\_\_ PURCHASE ORDER REQUIRED? \_\_\_\_ YES \_\_\_\_ NO

CHECK ONE: \_\_\_\_ CORPORATION; \_\_\_\_ PROPRIETER; \_\_\_\_ PARTNERSHIP; \_\_\_\_ LIMITED PARTNERSHIP

STATE OF INCORPORATION: \_\_\_\_\_; STATE NUMBER: \_\_\_\_\_; FED ID \_\_\_\_\_

SALES TAX STATUS: \_\_\_\_\_ EXEMPT (PLEASE SEND CERTIFICATE), \_\_\_\_\_ TAXABLE

OFFICERS/PRINCIPALS: \_\_\_\_\_

PERSONS AUTHORIZED TO MAKE PURCHASES: \_\_\_\_\_

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BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_; CITY/STATE/ZIP: \_\_\_\_\_

BANK OFFICER: \_\_\_\_\_; PHONE NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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**TRADE REFERENCES:**

(1) NAME: \_\_\_\_\_ (2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ (4) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_  
Signature of Purchasing Agent

OUR TERMS ARE: 1% 10DAYS / NET 30DAYS