



CREDIT APPLICATION

PO Box 370, Waynesville, NC 28786
Phone (828) 452-4784 / Fax (828) 452-4786

Company Full Legal Name

Complete Street (Billing) Address PO Box #

City, State, Zip

County (For sales tax purposes, if non-taxable attach cert.)

() ()
Phone Number Fax Number

Accounts Payable Contact

Nature of Business

Federal ID Number (EIN) -

Yrs In Business Yrs Under Present Control

☐ Corp ☐ LLC ☐ Partnership ☐ Sole Proprietor

Does your company require P.O. #'s? ☐ Yes ☐ No

Bank Reference:

Bank Name

Address, City, ST, Zip

() ()
Phone Number Fax Number

Account Number(s) Contact Person

****Information to be requested from Financial Institution:
Account in good standing
Average balance stated in high/low figures***

Three Credit References (if not attached):

(1) _____
Name

Address City, ST, Zip

() ()
Phone Number Fax Number

Account Number(s)

(2) _____
Name

Address City, ST, Zip

() ()
Phone Number Fax Number

Account Number(s)

(3) _____
Name

Address City, ST, Zip

() ()
Phone Number Fax Number

Account Number(s)

By signing, I authorize Giles Chemical and it's assignees to obtain financial account information from the Bank. I am also authorizing review of a personal credit profile from a national credit bureau, and credit references listed on this application and understand that this information will be held in the strictest of confidence. I affirm that the information provided herein is true and correct and is provided for the purpose of obtaining credit. All amounts owed hereunder that are not paid when due shall accrue interest at the rate of eighteen percent per annum, together with all costs of collection, including attorney's fees in the amount of fifteen percent of the outstanding balance. Nothing herein contained shall limit the remedies of Seller in the event of a breach by Buyer

Signature and Title of Corporate Officer

Date

RETURN COMPLETED APPLICATION VIA FAX TO 828-452-4786