



GROMAX ENTERPRISES CORP.

17335 Daimler Street, Irvine, CA 92614

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CREDIT APPLICATION INSTRUCTIONS

Instructions:

- After filling out the form online, please print it out and sign your name at the bottom.
- Fax the form to: 949-833-0099.
- You may also attach your company's standard credit references sheet.
- The application process usually takes 2~5 days to complete. (Purchase order could be issued earlier to prevent shipping delay.)

NOTE: The attached Credit Application Form is in PDF file format and can be **filled-in** and printed from your computer using Adobe's Acrobat Reader 5.0.5 or higher. The current version of Acrobat is available free from [Adobe's website](http://adobe.com).)

CREDIT APPLICATION

FIRM NAME: _____

PHONE: _____ FAX: _____

WEBSITE: _____ E-MAIL: _____

Name of parent company if subsidiary _____

Billing Address _____

City _____ State _____ Zip _____

Delivery Address _____

City _____ State _____ Zip _____

Type of Business: Individual Partnership Corporation State of Inc.
 (if "Individual, Social Security number: _____ Driver License Number: _____)

State Incorporated In: _____ Date of Incorporation: _____

Date Established: _____ Years under current ownership: _____

Federal Tax ID #: _____ State Resale No.: _____

Dun & Bradstreet No.: _____ Rating _____

Officers or Partners:

	Name	Title	Address
1.	_____	_____	_____
2.	_____	_____	_____

Name of Accounts Payable Person: _____

Description of Business: _____

Bank Information:

Name of Bank: _____

Address: _____

Tel: _____ Fax: _____ Account #: _____

Trade References:

1	Name	_____
	Address	_____
	Tel:	Fax: _____
2	Name	_____
	Address	_____
	Tel:	Fax: _____
3	Name	_____
	Address	_____
	Tel:	Fax: _____
4	Name	_____
	Address	_____
	Tel:	Fax: _____

*By execution of this application for credit, we hereby authorize the release of any and all information by our Bank and or trade references necessary for the processing of this credit application.

*Late Payment Charges – In the event an invoice is not paid within five (5) days of the due date, it shall be subject to a late charge of 1 ½% per month, (18% per year). If the invoice and all late charges are not paid within 120 days, they will be turned over to an attorney for collection, and the undersigned agree to pay all reasonable attorney fees and costs of collection.

Authorized Signature: X _____

Date: _____