



Colonial Chemical Solutions, Inc.

A Subsidiary of Colonial Group, Inc.

www.colonialchemicals.com

CREDIT INFORMATION

Date _____		Credit Line Requested (\$) _____		
Full Legal Name of Applicant/Buyer ("Buyer") _____		Phone Number _____	Fax Number _____	
DBA (if different) _____		E-Mail _____		
Billing Address _____	City _____	County _____	State _____	Zip Code _____
Corporation Partnership LLC	State Incorporated _____		No. of Employees _____	
Sole Proprietor Other (specify): _____	In Business Since _____		DNB Number _____	
Type of entity (circle or check one) _____		A/P Contact & Phone Number & E-mail _____		
Federal Tax ID # _____		Purchasing Contact and Phone Number _____		
Please check YES / NO _____		Ship to Address: _____		
Tax Exempt * _____		(attach additional sheets if more than 2 Ship-To's) _____		
* Attach Sales Tax Exemption Certificate		_____		
Estimated Purchases: _____		_____		
Product Type _____		Estimated Monthly Units _____		
_____		_____		
_____		_____		
Preferred Payment Method: _____		_____		
<input type="checkbox"/> ACH <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Draft		_____		

OWNERSHIP/OFFICER INFORMATION

For the Buyer, please complete the information below. Attach separate sheet of paper if more space required.

Name of owner or officer	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK AND TRADE REFERENCES

Primary Bank _____	City _____	State _____	Phone Number _____
Contact Person _____	Fax Number _____	Account Type _____	

PLEASE LIST THREE TRADE REFERENCES WITH WHICH YOU MAINTAIN SIGNIFICANT BALANCES:

Company Name _____	City, State _____	Phone Number _____	Fax Number or E-mail _____
Company Name _____	City, State _____	Phone Number _____	Fax Number or E-mail _____
Company Name _____	City, State _____	Phone Number _____	Fax Number or E-mail _____

(1) Has the Buyer or any guarantor ever filed for bankruptcy? Yes No (If Yes, attach detail)

(2) Does the Buyer or any guarantor have any filed or pending bankruptcy cases, tax liens, judgment liens, lawsuits, or past due taxes? Yes No (If Yes, attach detail)

(3) Has the Buyer, any guarantor, or any affiliate of Buyer or of guarantor ever applied or had credit with us, Colonial Oil Industries, Inc., Maschiopack NA, LLC, Colonial Fuel and Lubricant Services or Enmark Stations, Inc.? Yes No

(if Yes, under which name? _____)

(4) Does Buyer require P.O. number to be included on all sales related documents? Yes No

(5) Do you prefer invoices to be e-mailed? If yes, please provide up to two addresses: _____ and _____

Yes No

(6) Please provide most recent fiscal year end financial statements for the Buyer. Check if you request our Credit Department to request the financials directly from _____ (provide e-mail address).

The undersigned certifies that he/she is the duly appointed _____ of Buyer and has the authority to bind Buyer to this agreement. (Title of Authorized Signer)

The information given herein is offered as part of a request by Buyer for an extension of credit for commercial business use and is certified, represented and warranted to be true, correct, and complete. Buyer and/or all Guarantors authorize CCS to investigate all credit references and other sources pertaining to Buyer's credit and/or financial responsibility and authorizes Buyer's banks and trade creditors to provide CCS with complete information for the purpose of credit evaluation.

Unless otherwise agreed in a writing signed by CCS, the General Terms and Conditions located on our website (http://colonialchemicals.com/new/wp-content/uploads/Terms-and-Conditions.pdf) or provided upon request shall apply to all Buyer's purchases. This agreement may be executed and then delivered by fax or email, in which case a signed copy hereof so delivered shall have the force and effect of an original.

Purchases of Goods are subject to prior credit approval and payment is due accordance with the Invoice. If Buyer fails to make timely payments, Buyer agrees to pay interest of 1.50% per month or the maximum lawful interest which may be assessed by Seller, whichever is lower, on unpaid invoices from their due dates and Seller's reasonable costs of collection, including, but not limited to, reasonable attorneys' fees.

Applicant/Buyer's Name

By: Signature

Title

Print Name

Date

Note: If a guaranty is required, a blank Guaranty Form is attached in the "Attachments" section of this PDF file.

CCS Internal Use Only: Sales Rep: Credit Limit as Approved: Payment Terms as Approved: Risk Rating: Approved By/Date: E-mail Invoices: Y N Customer PO Required: Y N