



**Colonial Chemical Solutions, Inc.**  
*A Subsidiary of Colonial Group, Inc.*

COLONIAL CHEMICAL SOLUTIONS, INC. ("CCS")  
 916 W. Lathrop Ave.  
 Savannah, GA 31415  
 PH 912-236-7891  
 FAX 912-443-6638

Select Sales Rep

[www.colonialchemicals.com](http://www.colonialchemicals.com)

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**CREDIT INFORMATION**  
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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 <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>		
Sole Proprietor <input type="checkbox"/>	Other (specify): <input type="checkbox"/>	State Incorporated _____	No. of Employees _____	
Type of entity (circle or check one) _____		In Business Since _____	DNB Number _____	
A/P Contact & Phone Number & E-mail _____		Purchasing Contact and Phone Number _____		
Federal Tax ID # _____				
Ship to Address: _____		(attach additional sheets if more than 2 Ship-To's)		
Product Type _____		Estimated Monthly Units _____		
Preferred Payment Method: <input type="checkbox"/> ACH <input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Draft				

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**OWNERSHIP/OFFICER INFORMATION**  
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For the Buyer, please complete the information below. Attach separate sheet of paper if more space required.

Name of owner or officer	Title	Ownership %

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**BANK AND TRADE REFERENCES**  
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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 _____

Sales Taxes - Please check one:

- Customer is an end-user of the product purchased from Colonial Chemicals and sales from Colonial Chemicals are taxable.
- Customer is an end-user of the product and sales from Colonial Chemicals are exempt from sales tax. If checked, please provide sales tax exemption form(s).

Customer is a reseller of product purchased from Colonial Chemicals and sales from Colonial Chemicals are exempt from sales tax. If checked, please provide sales tax exemption form(s).

Customer is a manufacturer and products purchased from Colonial Chemicals are used in the manufacturing process and sales from Colonial Chemicals are exempt from sales tax. If checked, please provide sales tax exemption form(s).

Other. Please explain:

\*\*\*\*\*  
CCS Credit Application  
Confidential  
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(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., Aqua Smart Inc, Crown CRT, Colonial Fuel and Lubricant Services or Enmark Stations? Yes  No   
(if Yes, under which name? \_\_\_\_\_)  Yes  No

(4) Does Buyer require P.O. number to be included on all sales related documents?

(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>) 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.

<b>CCS Internal Use Only:</b>		E-mail Invoices:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Sales Rep:	_____	Customer PO Required:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Credit Limit as Approved:	_____			
Payment Terms as Approved:	_____			
Risk Rating:	_____			
Approved By/Date:	_____			