



# NEW CUSTOMER CREDIT APPLICATION (Customer to complete in full)

## CUSTOMER INFORMATION

Full Co. Name & DBA Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ EDI Capability? Yes No

Website \_\_\_\_\_ Vendor Access? Yes No

A/P Email Address \_\_\_\_\_ A/P Contact Person \_\_\_\_\_

Type of Business: Corporation Partnership Sole Prop LLC

Fed ID # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

If applicant is a subsidiary company, parent company is: \_\_\_\_\_

PO# required? Yes No Back orders permitted? Yes No

Buying group or CO-OP affiliated to: \_\_\_\_\_

SHIP -TO INFORMATION Circle one Warehouse Store

Ship To Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**IF PURCHASES ARE EXEMPT FROM STATE SALES, OR IN CANADA PROVINCIAL TAX BY CERTIFICATE RATHER THAN A NUMBER, PLEASE ATTACH A COMPLETED SALES AND USE TAX EXEMPTION CERTIFICATE.**

Resale # / Tax Exempt # \_\_\_\_\_ (Tax Exemption Certificate must be provided.)

GST Registration # \_\_\_\_\_ Provincial Tax Exemption # \_\_\_\_\_

Currency in which payment will be made:  US Dollars  Canadian Dollars  Other \_\_\_\_\_

Method of Payment  Check or  EFT Details required after processing is complete.

**LIST BELOW THE NAME OF THE APPROPRIATE COMPANY OFFICIAL**

Chief Financial Officer \_\_\_\_\_

Purchasing Director \_\_\_\_\_

Buyer \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**TRADE REFERENCES OR SUPPLIER REFERENCES (Application will NOT be processed without references. For Canada please do not use 800 numbers.)**

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## BANK REFERENCE

Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**CERTIFICATION** - The applicant certifies that the information provided in this Credit Application, together with all other information submitted with this Credit Application, is true and correct.

**AUTHORIZATION TO RELEASE INFORMATION** - All information, which the applicant has certified to be true and correct, included in this Credit Application is for the use of Henkel Corporation in determining the amount and conditions of credit to be extended to the applicant. I/we hereby authorize all trade and bank references listed in this Credit Application to release all information necessary to assist Henkel Corporation in determining the amount and conditions of credit to be extended to the applicant. Furthermore, I/we authorize Henkel Corporation to utilize any other sources of credit information which it deems reliable in making this determination. Subsequent credit inquires may be completed by Henkel Corporation in connection with any update, renewal or extension of credit.

**MERCHANDISE RETURNS** - will not be accepted without a return authorization number. Returned merchandise may be subject to a restocking charge.

I/we acknowledge that I/we have read and understand the preceding terms and conditions, and certify that the applicant agrees to abide by them.

**AUTHORIZED SIGNATURE**

Must have Executive Authority

TITLE

DATE SIGNED

**INTERNAL USE ONLY**

*To be supplied by Sales Representative*

Estimated Annual Purchases \_\_\_\_\_ Requested Credit Availability \_\_\_\_\_

Requested Terms \_\_\_\_\_ Account Type: \_\_\_\_\_ Retailer Distributor Wholesaler Dealer Liquidator

Price Group \_\_\_\_\_ Sales Territory \_\_\_\_\_ Forecast Channel \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

*For Credit Department Use Only*

Approved \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_