



**FPPF CHEMICAL CO., INC.**  
**NEW ACCOUNT & CREDIT APPLICATION FORM**

**PART 1 – COMPANY INFORMATION**

NAME OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ DNB #: \_\_\_\_\_  
DBA if different: \_\_\_\_\_ SALES TAX EXEMPT: \_\_\_\_\_ TAX ID: \_\_\_\_\_  
COMPANY OPERATES AS (check one) CORP: \_\_\_\_\_ S-CORP: \_\_\_\_\_ LLC: \_\_\_\_\_ PROPRIETORSHIP: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_  
PREFERRED PAYMENT METHOD: CHECK: \_\_\_\_\_ EFT/ACH: \_\_\_\_\_ CREDIT CARD (Approval of an additional 3% surcharge): \_\_\_\_\_  
TYPE / NATURE OF BUSINESS: \_\_\_\_\_ NAICS CODE: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PRINCIPAL / OWNER OF BUSINESS (FULL NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART 2 – BANK REFERENCE**

INSTITUTION NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CHECKING ACCT: \_\_\_\_\_ SAVINGS ACCT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PART 3 – TRADE REFERENCE – 3 REQUIRED (ADDITIONAL REFERENCES MAY BE PROVIDED ON A SEPARATE SHEET)**

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ACCT ID : \_\_\_\_\_ MM/YY OPENED: \_\_\_\_\_ TERMS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ACCT ID : \_\_\_\_\_ MM/YY OPENED: \_\_\_\_\_ TERMS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ACCT ID : \_\_\_\_\_ MM/YY OPENED: \_\_\_\_\_ TERMS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PART 4 – COMPANY CONTACT INFORMATION (PROVIDE SHIP/REC ADDRESS ON A SEPARATE SHEET IF DIFFERENT THAN ABOVE)**

PRIMARY ACCOUNT CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
O-PHONE: \_\_\_\_\_ M-PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
A/P NAME: \_\_\_\_\_ O-PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SALES MGR: \_\_\_\_\_ M-PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PURCHASING: \_\_\_\_\_ M-PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SHIPPING/RECEIVING: \_\_\_\_\_ O-PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PART 5 – ATTESTATION**

*I hereby certify that the information provided / contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.*

**AUTHORIZED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**INTERNAL USE ONLY:**

SALES REP: \_\_\_\_\_ COMMISSION: \_\_\_\_\_  
PRICE LEVEL: \_\_\_\_\_ TERMS: \_\_\_\_\_ IF APPROVED – CUSTOMER ID: \_\_\_\_\_ GROUP: \_\_\_\_\_