



FPPF CHEMICAL CO., INC.
NEW ACCOUNT E-COMMERCE SALES & CREDIT APPLICATION FORM

PART 1 – COMPANY INFORMATION

NAME OF BUSINESS: _____ YEARS IN BUSINESS: _____ DNB/SAFE #: _____
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 (Must approve the additional 3% surcharge): _____
AMT CREDIT REQUESTING: _____ PREFERRED TERMS: PRE-PAYMENT: _____ 2%10/NET 30: _____
TYPE / NATURE OF BUSINESS: _____ NAICS CODE: _____
BUSINESS PHONE: _____ BUSINESS EMAIL: _____
PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PRINCIPAL / OWNER OF BUSINESS (FULL NAME): _____ PHONE: _____

PART 2 – ONLINE SALES INFORMATION (must also complete & sign attached eCommerce Reseller Policy Acknowledgement)

DO YOU CURRENTLY SELL ONLINE Y/N: _____ WAREHOUSE INVENTORY Y/N: _____ YEARS SELLING ONLINE: _____
USE 3RD-PARTY FULFILLMENT SERVICES Y/N: _____ WEBSITE URL: _____
IDENTIFY ALL ONLINE MARKETPLACES USED - AMAZON: _____ WALMART MARKETPLACE: _____ eBay: _____ SHOPIFY: _____
TIKTOK SHOP: _____ OTHER: _____
% OF ECOMMERCE SALES 0-30% _____ OVER 30%: _____
APPROXIMATE ECOMMERCE ANNUAL SALES VOLUME: _____

PART 3 – BANK REFERENCE

INSTITUTION NAME: _____ PHONE: _____ EMAIL: _____
CHECKING ACCT: _____ SAVINGS ACCT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PART 4 – TRADE REFERENCE – 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: _____

PART 5 – COMPANY CONTACT INFORMATION (PROVIDE SHIP/REC ADDRESS ON A SEPARATE SHEET IF DIFFERENT THAN ABOVE)

PRIMARY/OPERATIONS ACCOUNT CONTACT: _____ TITLE: _____
O-PHONE: _____ M-PHONE: _____ EMAIL: _____
A/P NAME: _____ O-PHONE: _____ EMAIL: _____
PURCHASING: _____ M-PHONE: _____ EMAIL: _____
SHIPPING/RECEIVING: _____ O-PHONE: _____ EMAIL: _____

PART 6 – ATTESTATION/ACKNOWLEDGEMENT

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 to verify the information contained herein.

AUTHORIZED NAME: _____ **TITLE:** _____ **DATE:** _____

AUTHORIZED SIGNATURE: _____

INTERNAL USE ONLY:

SALES REP: _____ **COMMISSION:** _____ **CUSTOMER CLASS:** _____
PRICE CLASS: _____ **TERMS:** _____ **CUSTOMER ID:** _____ **GROUP:** _____