

**PACIFICA CHEMICAL INC
935 East Artesia Blvd
Carson, CA 90746**

Phone (310)464-8900 Fax (310) 464-8935

APPLICATION FOR CREDIT

DATE: _____

TO BE COMPLETED BY APPLICANT:

NAME OF COMPANY: _____

BANK REFERENCE: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

ACCOUNT NO.: _____

TO WHOM YHIS MAY CONCERN:

**THIS IS FOR MY AUTHORIZATION ON THE ABOVE ACCOUNT NUMBER
TO
RELEASE INFORMATION TO *PACIFICA CHEMICAL, INC.* FOR CREDIT
INQUIRY.**

SIGNATURE: _____ **DATE:** _____

Date:	Anticipated Monthly Purchase:
Tax Exempt Number:	Purchase order required:

1. BILLING INFORMATION (Please type or print)

FULL LEGAL name/ Business Entry:	Business Phone Number:	Business Fax Number:
Street Address:	City:	State: Zip Code:
Billing Address (if different from Above)	City:	State: Zip Code:

2. BUSINESS CREDIT INFORMATION

Principal(s) Authorized Officer(s)	Title(s)
Billing Contact:	Phone Number: Fax Number:
If Subsidiary, Name of Parent Company	In Business Since:
	Circle one: Corporation Proprietorship Partnership
DBA or AKA:	Main Line of Business:

3. TRADE REFERENCES

Trade Reference Name 1.	Buss. Phone No:	Fax No.	Contact
Address	City	State	Zip Code
Trade Reference Name 2.	Buss. Phone No.	Fax No.	Contact
Address	City	State	Zip Code
Trade Reference Name 3.	Buss. Phone	Fax No.	Contact
Address	City	State	Zip Code
Trade Reference Name 4.	Buss. Phone No.	Fax No.	Contact
Address	City	State	Zip Code

You agree that the information furnished herein is true and correct and you authorize us or our agent to investigate your credit by reviewing a credit report on you and/or by contacting trade references disclosed herein. Information disclosed herein is considered confidential and will only be used by Pacifica Chemical Inc. to determine a credit decision.

Signature

Date

Title

AUTHORIZATION TO RELEASE BANK RECORD INFORMATION

The undersigned officer or principal of the business whose legal name and address shown below hereby authorizes our bank commercial loan officer, or the bank officer, as described below, to release any bank record information requested by the following trade creditor for purpose of obtaining open trade credit from such supplier.

OUR BUSINESS LEGAL NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____

BANK ACCOUNT NUMBERS:
Loan Account: _____
Deposit Account: _____
Checking Account: _____

COMMERCIAL BANK: _____
BRANCH: _____
COMMERCIAL LOAN OFFICER: _____
PHONE #: _____

AUTHORIZE RELEASE TO TRADE CREDITOR:

TRADE CREDITOR COMPANY NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE #: _____ **FAX #:** _____

The undersigned, and our company, hereby will hold harmless, defend and indemnify your bank against any claims, litigation, or other actions arising from the use of any bank information you release to the above creditor pursuant to this authorization.

Signature: _____
Typed Name: _____
Position: _____
Date Executed: _____