

# Chem-Plate Industries

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ A/P CONTACT NAME: \_\_\_\_\_

**OWNERSHIP:** \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ SUBSIDIARY-PARENT

CORPORATE OFFICERS NAME & TITLE: \_\_\_\_\_

FEDERAL I.D. #: \_\_\_\_\_ DUNS #: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

## BANK REFERENCE

BANK NAME: \_\_\_\_\_ ACCOUNT \_\_\_\_\_

CITY: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

BRANCH: \_\_\_\_\_ FAX #: \_\_\_\_\_

## TRADE REFERENCES

1. CO. NAME: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. CO. NAME: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

3. CO. NAME: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I hereby authorize the release of banking history/credit history information to CHEMPLATE INDUSTRIES, INC. for the purpose of establishing credit. I have read and understand the terms and conditions on the back of this page and agree to them.

\_\_\_\_\_  
Name of Authorized Officer Signature of Authorized Officer Date

1800 Touhy Avenue Elk Grove Village, IL 60007 847-640-1600 Fax 847-640-1699