



# Architectural Concrete Chemicals, LLC.

223 West Hampton Avenue  
Capitol Heights, MD 20743  
Tele: 301-336-9300 Fax: 301-336-6597

## APPLICATION FOR CREDIT

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Business Type: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation

Date Incorporated: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Sales Tax Exempt No.: \_\_\_\_\_ State: \_\_\_\_\_

\* Please fax certificate with credit application. All sales in Washington, D.C., Maryland, and Virginia are subject to sales tax unless certificate is on file.\*

### BANK REFERENCES

1. Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Date Opened: \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Date Opened: \_\_\_\_\_

### TRADE REFERENCES

1. Name of Business: \_\_\_\_\_ Years of Credit: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name of Business: \_\_\_\_\_ Years of Credit: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name of Business: \_\_\_\_\_ Years of Credit: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This application is given for the purpose of obtaining credit. I hereby certify under the penalty of law that the foregoing is a true and accurate statement of our financial condition and give permission to Architectural Concrete Chemicals, LLC. to obtain financial/credit information from the references listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_