



# CREDIT APPLICATION

Tradebe / Norlite / Aaron Oil Sales Representative:	Today's Date:
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## Location Information

Name of Business:		Date Established	
Physical Address of Business (Street, City, State, & Zip):			
Billing Address (Street, City, State, & Zip) If different than above:			
Phone Number	Fax Number	EPA ID #	
Accounts Payable Contact Name			Accounts Payable Phone Number
Accounts Payable Email Address	Is email ok for Invoice Delivery?	Yes	No
Email address if different than AP:			
Is a PO Required on invoice for submission?	Yes	No	

## Business Information

Federal Tax ID Number	Tax Exempt Number (Attach Copy of Form)		
Dun & Bradstreet Number	Corporation/Partnership/Sole Proprietorship	Credit Line Requested (\$)	
Names of Company Officers/Partners/ or Owner		Title	
1)			
2)			
3)			

## Bank Reference

Bank Name	Phone Number	Fax Number
Address (Street, City, State, & Zip)		
Contact Name	Account Number	

## Trade References

Name	Address	Phone	Fax
1)			
2)			
3)			

The information and statements in this application are true and complete. They are made to establish an open account with Tradebe Environmental Services, LLC and/or it subsidiaries and affiliates. The undersigned hereby agrees for the applicant, the principals of the applicant that (1) All purchases will be paid for by its officers and owners listed above; (2) Payment terms shall be Net 30 days and that any payments not made within 30 days of invoiced date shall bear an interest rate of 1.5% per month (18% per year) from the due date until paid in full; and (3) In the event of default in payment of any amount due hereunder and if this account is placed with an agency or attorney for collection or legal action, to pay an additional sum equal to collection costs, attorney's fees, court costs and all such other costs as may be incurred and permitted under the laws governing these transactions. This agreement shall be construed and enforced under Indiana law and the jurisdiction/venue for an action relating to any matter between Tradebe Environmental Services, LLC and/or it subsidiaries and affiliates, and applicant shall be in Lake County, Indiana. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit.

By: \_\_\_\_\_  
*Printed Name and Title of Authorized Person*

\_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Authorized Agent of the Company*