



CUSTOMER PROFILE/CREDIT APPLICATION

Please complete and return to LaMotte Company via fax (410-778-6394) or mail (PO Box 329, Chestertown, Maryland 21620). **Section A and D must be completed and signed before the application can be processed.** References may be submitted on your own form, but Section A and D of this form must still be completed and returned. Please include fax and telephone numbers for all references. *Thank you.*

SECTION A:

Company:	Type of Business:
Address:	Primary application of LaMotte products:
Zip:	Projected annual sales of LaMotte products: \$
Phone:	Geographic area served:
Fax:	Tax resale number:
Contact:	Additional comments:
Title:	

SECTION B:

Number of years in business:	Size of sales staff (if appropriate):
Number of employees:	Annual sales: \$
Branch offices (list addresses on back): <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you publish a catalog (if yes, forward a copy): <input type="checkbox"/> Yes <input type="checkbox"/> No
Website:	Email address:

SECTION C:

If you are requesting open account terms, please list 3 trade suppliers with whom you have established credit. Please supply all information requested below. Fax and telephone numbers are mandatory. Again, you may submit supplier information on your own form, but remember to complete Section A and D to accompany your references.

D&B Number:	Rating:
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Name:	
Address:	
City/State/Zip:	
Fax:	Phone:
High credit:	Date established:

Name:	
Address:	
City/State/Zip:	
Fax:	Phone:
High credit:	Date established:

Name:	
Address:	
City/State/Zip:	
Fax:	Phone:
High credit:	Date established:

SECTION D

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and to answer questions about your credit experience with me if I use your name as a credit reference in the future.

Applicant's signature

Title

Date