



CUSTOMER PROFILE/CREDIT APPLICATION DIRECT SALES

Please complete and return to LaMotte Company via fax (410-778-6394) or mail (PO Box 329, Chestertown, MD 21620).

Sections A, B and C must be completed and signed by a company officer before the application can be processed.

References may be submitted on your own form but Sections A and C on this form still must be completed and the form signed and returned.

SECTION A:

Company Name: _____
 Bill To Address: _____
 Street: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____
 Contact: _____
 Title: _____
 Email: _____

Ship To Address: _____
 Street: _____
 City/State/Zip: _____
 Type of Business: _____
 Number of years in business: _____
 Number of employees: _____
 Branch Offices: Yes No
 (please list) _____
 Annual Sales \$: _____

SECTION B:

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

D&B Number: _____ D&B Rating: _____

Reference Name: _____
 Address: _____
 City/State/Zip _____
 Fax: _____ Phone: _____
 High Credit: _____ Date Established: _____

Reference Name: _____
 Address: _____
 City/State/Zip _____
 Fax: _____ Phone: _____
 High Credit: _____ Date Established: _____

Reference Name: _____
 Address: _____
 City/State/Zip _____
 Fax: _____ Phone: _____
 High Credit: _____ Date Established: _____

SECTION C:

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 _____

Applicant's Title _____

Applicant's Name _____
(please print)

Date _____