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1. COMPANY INFORMATION

Line of Credit Requested \$ _____

Date of Application: _____

Name of Business: _____

Phone #: _____ Fax #: _____

Billings Address: _____

City, State & Zip: _____

Email Address(es): _____ Website: _____

Ship to Address: _____

City, State & Zip: _____

Authorized Purchasing Contact: _____

Email Address: _____

Phone #: _____ Fax #: _____

Accounts Payable Contact: _____

Email Address: _____

Phone #: _____ Fax #: _____

Email Address for Electronic Invoice Submissions: _____

Date Established : _____ Type of Business: _____

Federal Tax ID# _____

Do you currently have an account with us in a name other than the one stated on this application? (circle) Yes No.

If yes, indicate name or business name _____

***Does your company offer payment via ACH/direct deposit? If yes, please provide enrollment form with submission of your application.

Company Type: ☐ Corporation ☐ Limited Partnership ☐ Sole Proprietorship
☐ Limited Liability Company ☐ Partnership ☐ Other _____

Purchases will be: ☐ Resale ☐ Exempt ☐ Mixed ☐ Taxable

Please furnish copy of Tax Exempt or Resale Certificate

2. OWNER INFORMATION

Principals/Officers/Owners (Name & Title)

1. _____
2. _____
3. _____

3. REFERENCES

Bank Reference:

Bank Name: _____ Account # _____

Address: _____

City, State, & Zip: _____

Contact: _____ Phone # _____

Trade Credit References: (NO CREDIT CARDS, UTILITIES, PERSONAL ACCTS. OR LANDLORDS)

*Trade References used should be at least equal to the amount of credit being requested.

Company Name: _____ City & State: _____

Contact Person: _____

Phone & Fax Required: _____

Company Name: _____ City & State: _____

Contact Person: _____

Phone & Fax Required: _____

Company Name: _____ City & State: _____

Contact Person: _____

Phone & Fax Required: _____

*****ALL THREE REFERENCES ARE REQUIRED*****

To induce the extension of an open credit account, Applicant authorized release of information from Trade and Bank references listed above and the use by Bethyl Laboratories, Inc. of credit reporting firms to check Applicant's payment history, and agrees to our payment terms of Net 30.

Company Name: _____ Date: _____

Authorized Signature: _____ Printed Name: _____