



# Credit Application

<b>Company Name:</b>			
<b>Address:</b>			
		<b>Website:</b>	
<b>Contact Name:</b>		<b>E-Mail Address:</b>	
<b>Phone Number:</b>		<b>Fax Number:</b>	

**Business Information:**

Corporation, Partnership, Proprietorship, or Other: \_\_\_\_\_

State where registered or incorporated: \_\_\_\_\_

<b>Federal ID #:</b>		<b>Sales Tax Exemption ID:</b>	
<b>D&amp;B Number:</b>		<b>Years in Business:</b>	
<b>Nature of Business:</b>			
<b>Authorized Purchasers:</b>			

<b>Officers:</b>	<b>1</b>	<b>Name:</b>		<b>SSN:</b>	
		<b>Title:</b>			
		<b>Home Address:</b>			
<b>2</b>	<b>Name:</b>		<b>SSN:</b>		
	<b>Title:</b>				
	<b>Home Address:</b>				
<b>3</b>	<b>Name:</b>		<b>SSN:</b>		
	<b>Title:</b>				
	<b>Home Address:</b>				

**Banking Information:**

<b>Bank Name:</b>		<b>Phone Number:</b>	
<b>Address:</b>		<b>Fax Number:</b>	
<b>Account Numbers:</b>			
<b>Account or Loan Officer:</b>			

<b>Credit References</b>	<b>1</b>	<b>Vendor Name:</b>		<b>Account Number:</b>	
		<b>Address:</b>			<b>EMAIL OR FAX REQUIRED</b>
		<b>Contact Name:</b>			<b>E-mail Address:</b>
				<b>Fax Number:</b>	
<b>2</b>	<b>Vendor Name:</b>		<b>Account Number:</b>		
	<b>Address:</b>			<b>EMAIL OR FAX REQUIRED</b>	
	<b>Contact Name:</b>			<b>E-mail Address:</b>	
				<b>Fax Number:</b>	
<b>3</b>	<b>Vendor Name:</b>		<b>Account Number:</b>		
	<b>Address:</b>			<b>EMAIL OR FAX REQUIRED</b>	
	<b>Contact Name:</b>			<b>E-mail Address:</b>	
				<b>Fax Number:</b>	

<b>Accounting</b>	<b>A/P Contact</b>		<b>A/P Phone</b>	
	<b>A/P Email</b>		<b>A/P Fax</b>	

Please return to [semrock@idexcorp.com](mailto:semrock@idexcorp.com) / fax: 585-594-3898

The undersigned authorizes **Semrock, Inc.** to make inquiries with any credit reporting agency, bank or trade reference in connection with the extension of credit requested by the undersigned:

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<b>Name</b>	<b>Title</b>	<b>Date</b>
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