

*For Quality, Value and Service*

# Eastman Products

**Distributor Account Credit Application**  
**Fax copy for processing. Mail original to Eastman Products, Inc.**

## Section 1: Account Information

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_  
Address for Billing: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)  
Social Security Number: \_\_\_\_\_ Corporation Federal ID Number: \_\_\_\_\_  
Name of Parent Company: \_\_\_\_\_  
Address of Parent Company: \_\_\_\_\_

## Section 2: Form of Payment

COD: \_\_\_\_\_ Prepaid/Wire Transfer: \_\_\_\_\_ Call for Routing Number  
If COD call and provide us with a credit card number to have on file

Open Account (Terms Net 30) \_\_\_\_\_, **Please Complete Section 3 of Credit Application**  
**Authorized Buyers:** \_\_\_\_\_ **Purchase Order Number Required?** \_\_\_\_\_

## Section 3: Credit Application

Name of Account Payable Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Trade References:

1. Company: \_\_\_\_\_ Credit Department Contact Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Fax or Email: \_\_\_\_\_  
2. Company: \_\_\_\_\_ Credit Department Contact Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Fax or Email: \_\_\_\_\_  
3. Company: \_\_\_\_\_ Credit Department Contact Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Checking: \_\_\_\_\_ Loan: \_\_\_\_\_ Savings: \_\_\_\_\_  
(Name)  
Account Number: \_\_\_\_\_ Line of Credit Requested: \$ \_\_\_\_\_

In consideration of credit being extended by Eastman Products to the above named applicant for merchandise to be purchased whether applicant be an individual, partnership, corporation, or other entity, the undersigned hereby contract and guarantee to Eastman Products, Inc. the faithful payment, when due, of all account of said applicant. Application agrees to pay any collection cost incurred to collect the amount balance, including reasonable attorney's fees. The undersigned warrants that the above information is true and correct, that Eastman Products is authorized to investigate the above information, and that the undersigned is an authorized agent for the above named applicant. Undersigned also acknowledges placement of a property lien for materials used and not paid for when due.

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Include Sale Tax Exempt Certificate if Applicable

**Mail or Fax Application to: (317) 782-8577, Eastman Products, Inc. P.O. Box 39227, Indianapolis, IN 46239**

**Sales Rep ID:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_