

# CREDIT APPLICATION

International Epoxies & Sealers  
P.O. Box 185 San Antonio, FL 33576  
Toll Free Phone 800-451-7206  
Toll Free Fax: 866-239-0328  
www.internationalepoxies.com

## Mailing Information

Name: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Circle One:  
*Corporation Partnership Other*

Year Business Started: \_\_\_\_\_

## Ship To Information

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact: \_\_\_\_\_

## **CREDIT INFORMATION:**

References: (3 Vendors and 1 Bank)

Bank Account #: \_\_\_\_\_

Name: \_\_\_\_\_  
① Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
② Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
③ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
④ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

Principals of Firm: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Title: \_\_\_\_\_

**Notice:** The following is provided for your information. Please read our terms of credit listed below:

**Shipping Charges:** FOB San Antonio, Florida unless otherwise specified. Please ask your Sales Representative for information on qualifying orders for prepaid shipments to your area.

If this thirty (30) day account is opened, I agree to the following:

1. To pay each invoice within thirty (30) days.
2. To pay a 1-1/2% per month service charge on any invoices that are past due.

My signature authorizes release for credit information from the above references to International Epoxies & Sealers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_