

# CAROLINA LIQUID CHEMISTRIES CORP. APPLICATION FOR A BUSINESS ACCOUNT

## BUSINESS CONTACT INFORMATION

Title:			
Company name:		Contact:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Savings Account #			
Checking Account #			
Other			
FED Tax ID # / SS#			

## BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

## AGREEMENT

By submitting this application, you authorize Carolina Liquid Chemistries Corp. to make inquiries into the banking and business/trade references that you have supplied.

## SIGNATURE(S)

Authorized Signature: Printed Name: Title: Date:	Authorized Signature: Printed Name: Title: Date:
---	---