



ZEMARC CORPORATION | QUALITY DEFINES SUCCESS
 (323) 721-5598 TEL | (323) 721-8721 FAX
 6431 FLOTILLA STREET | LOS ANGELES, CA 90040
 WWW.ZEMARC.COM | ACCOUNTSRECEIVABLE@ZEMARC.COM

APPLICATION FOR CREDIT

REV C

Date: _____
 Company Name: _____
 Phone: _____ Fax: _____
 Billing Address _____ Shipping Address: _____

 DUNS No.: _____ Resale No.: _____
 Years in Business: _____ Federal Tax ID: _____

Ownership Attachment Included

Name of Owner: _____
 Name of Owner: _____

Trade References Attachment Included

<p>Reference 1: _____ Company _____ Contact Person: _____ Contact Email: _____ Address: _____ _____ Phone: _____ Fax: _____</p>	<p>Reference 2: _____ Company _____ Contact Person: _____ Contact Email: _____ Address: _____ _____ Phone: _____ Fax: _____</p>
<p>Reference 3: _____ Company _____ Contact Person: _____ Contact Email: _____ Address: _____ _____ Phone: _____ Fax: _____</p>	<p>Reference 4: _____ Company _____ Contact Person: _____ Contact Email: _____ Address: _____ _____ Phone: _____ Fax: _____</p>

Bank Reference Attachment Included

Bank Name: _____
 Address: _____ City/ State/ Zip: _____
 Phone: _____ Fax: _____

Zemarc Corporation's standard terms are NET 30 Days upon approval

The undersigned applies for open account credit with ZEMARC CORPORATION and agrees that all sales are made permanent to this application will be subject to the [terms and conditions](http://www.zemarc.com/aboutus) available on <http://www.zemarc.com/aboutus>. All statements made herein are true and accurate to the best of my knowledge. I authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from their credit survey. Should it be necessary at any time to take legal means to collect any monies, I hereby agree to pay the attorney fees.

 Authorized Signature (Owner or Officer) Title Date

Office Use Only
 Customers Account #