

# WINTERSUN CHEMICAL

1150 S. Mildred Ave., Ontario, CA 91761. USA

TEL: 909-93016888 FAX: 909-9471788 Email: sales@wintersunchem.com



## Credit Application

**TYPE OF BUSINESS** (Please type or print)

(Check One):

Sole Proprietorship  Partnership  Corporation: State of Incorporation: \_\_\_\_\_

Length of time under business name: Years \_\_\_\_\_ Months \_\_\_\_\_

Length of time at this address: Years \_\_\_\_\_ Months \_\_\_\_\_

Have you ever filed for Bankruptcy?  No  Yes If yes, Personal  and/or Business

Date Filed \_\_\_\_\_

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### Business Trade Name (DBA)

\_\_\_\_\_  
Legal Business Name (As is appears on business license)

\_\_\_\_\_  
Officer's/Owner Name

\_\_\_\_\_  
Business Street Address (Must Be Provided)

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, Country and Zip Code

\_\_\_\_\_  
Officer's/Owner Name

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business Fax

\_\_\_\_\_  
D&B #

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## *Trade References: (Please complete fully)*

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1. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Phone Fax Account #

2. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Phone Fax Account #

3. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Phone Fax Account #

## *Bank References: (Please complete fully)*

*The majority of banks are requesting written authorization from their clients before releasing any information. In order to expedite your credit application we ask that you fill out this release form.*

Name of Bank \_\_\_\_\_  
Name Account #  
\_\_\_\_\_  
Address Phone

We would appreciate your cooperation in releasing information to Wintersun Chemical on Account # \_\_\_\_\_ at your bank. Thank you for your prompt attention to this matter.

Firm/Individual Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_