



APPLICATION FOR CREDIT



To avoid any delay in processing, complete in full. All information to be held in confidence.



BILL TO



COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ +4 _____

ACCOUNTS PAYABLE CONTACT:

NAME: _____

PHONE No. (____) _____ FAX No. (____) _____



GENERAL BUSINESS INFORMATION



TYPE OF BUSINESS: _____

INDIVIDUAL PARTNERSHIP CORPORATION _____ YRS IN BUSINESS ___ YR OF INC. _____

STATE OF INC. _____

DUN AND BRADSTREET NUMBER: _____ D&B RATING: _____

OFFICER'S NAME: _____ TITLE: _____

ARE YOU SALES AND/OR USE TAX EXEMPT? IF YES PLEASE INSERT CERTIFICATE NO. _____

AUTHORIZED UV LAMP PURCHASER: _____ TYPE OF LAMP PURCHASED: _____



BUSINESS CREDIT REFERENCES



NAME	ADDRESS	CITY & STATE	ZIP CODE	FAX	PHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



BANK REFERENCE



BANK NAME: _____ OFFICER HANDLING: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE No. (____) _____

CHECKING ACCT. No. _____ SAVINGS ACCT. No. _____ OTHER: _____

We certify that all information on this form is correct; and that we fully understand your credit terms (net 30 days of date of invoice) and agree to the proper payment in consideration of extended credit. This application will not be processed unless all questions are answered completely.

THIS FORM COMPLETED BY: _____

TITLE: _____ DATE: _____



Please Return
Completed
Form to:

UV Process Supply, Inc.
1229 W Cortland St, Chicago, IL 60614-4805

800-621-1296, 773-248-0099
Fax 800-99FAXUV, 773-880-6647