Great Lakes Calcium
ISO 9001:2000 Certified

CREDIT REFERENCE APPLICATION

Phone: (920) 432-7731
(800) 236-7737
Fax: (920) 432-2782

Date: _____

Legal Business Name: _____ Phone: _____

D/B/A: _____ Fax: _____

Address: _____ Credit Line Requested: _____

City, State, Zip _____ Sales Tax #: _____

Corporation: _____ Partnership: _____ Proprietorship: _____ Tax Exemption #: _____

Bank Reference (Name and Full Address)

1. _____ Account #: _____

_____ Phone #: _____

_____ Fax #: _____

_____ Contact Person: _____

Trade References (Name and Full Address)

1. _____ Phone #: _____

_____ Fax #: _____

_____ Contact Person: _____

2. _____ Phone #: _____

_____ Fax #: _____

_____ Contact Person: _____

3. _____ Phone #: _____

_____ Fax #: _____

_____ Contact Person: _____

Service Charge Policy: A service charge of 1.5% per month, which is an annual rate of 18%, will be added on all accounts not paid within terms.

To the best of my knowledge, all the above information is correct. I authorize you to contact the references furnished to obtain sufficient and satisfactory credit information. When credit approval has been granted, I agree to purchase in accordance with the above stated policy.

_____ _____ _____

Applicant **Title** **Date**