



Apollo – Fax Application for Credit
 1850 S. Cobb Industrial Blvd. Smyrna, GA 30082
 Fx: 770.433.0132 / Ph: 770.433.0210 / 800.533.3548
www.apolloind.com / customerservice@apolloind.com

Please print clearly or type.

For Apollo Use Only

Geographic Region:	Customer Class:	Salesperson:	Territory:	Credit Line Approved:	Acct #:	Approved By:
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The following true information is supplied in order to establish credit.

Business Information

Full Name of Business:	
Address:	Mailing address (If Different)
City, State, Zip/Postal Code:	Address:
Province, Country:	City, State, Zip/Postal Code
Phone Number:	Province, Country:
Fax Number:	Home Address:
Web Site Address:	Address:
Email Address:	City, State, Zip/Postal Code:
Type of Distributor:	Province, Country:
Years in Business:	Phone Number
Name of Owner:	
I would prefer receiving invoices/statements: Fax <input type="checkbox"/> _____ Email <input type="checkbox"/> _____	
Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Credit Line Requested:

Accounting Information

Position	Contact Name	Phone	Email
Controller			
Assistant Controller			
Accounts Payable			
Buyer			

Bank Information:

Bank Name:	Address:
DDA#	Ph:
Line/Loan #	Fx:
	Authorized Signor:
	Printed Name/Title:
	Ph:

**Credit References: Note – At least one reference must be a chemical manufacturer.
*Fax numbers are a requirement.***

Name	Address	City/State/Zip
Acct#	Phone / Fax	Email
1) <u>List Chemical Supplier here</u>		
2)		
3)		
4)		

Acknowledgement

The information I have submitted in this application is true to the best of my knowledge and belief and is given for the purpose of obtaining credit. I authorize the release of credit information to Apollo Industries, Inc.

I understand that Apollo's payment terms are Net 30 from the date of the invoice and will maintain my account within those terms. If satisfactory credit information is not obtained, then my account may be set as CIA (Cash In Advance). I understand that Apollo has the right to change the credit status or credit limit amount according to account status. I understand that Apollo performs periodic credit evaluations and I may be asked to update this information should the need arise. Apollo maintains the right to charge interest to any amount which falls beyond terms. Should this account become delinquent or default and should be placed in the hands of a collection agency or attorney I, "the customer", will be liable for any interest, collection costs, or legal fees incurred.

Authorized Signature

Date

Printed Name

Are you tax exempt? If so, please provide a copy of exemption form along with application.

This is to certify that all tangible property purchased by: _____ from Apollo
Name

Industries, Inc., 1850 S. Cobb Industrial Blvd., Smyrna, GA 30080 is (or was) purchased for the following purposes, As checked below:

- Resale as tangible property.
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing, or refining.



Assess COBB COUNTY, GEORGIA SALES TAX only if any of the following apply:

- Machinery, equipment, parts, or accessories used in manufacturing, compounding, producing, mining, or quarrying personal property for sale, or to be used in furnishing communication, transportation, or public utility services.
- Equipment designed for and used exclusively by commercial fisheries.
- Other (State Reason): _____

This certificate is to continue in force until revoked by written notice to the supplier and the comptroller, and shall be considered as a part of each order which is given, unless such order shall otherwise specify.

Federal ID Tax Number: _____ (Please attach Copy)

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Personal Guarantee of Account

The above information is given for the purpose of obtaining credit, and each of the undersigned personally guarantees and agrees to become liable for the payment to Apollo Industries, Inc. for all merchandise purchases in the name of the above account. Any personal or homestead exemption laws are hereby waived. If this account shall become default, and shall be placed in the hands of an attorney for collection, (we)(I) hereby agree to pay all expenses of collection, including a reasonable attorney's fee.

Signature

Date:

Printed Name

Signature

Date

Printed Name