



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

#### Reference 1:

Company \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_   
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### Reference 2:

Company \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_   
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### Reference 3:

Company \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_   
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### Reference 4:

Company \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_   
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### 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) terms and conditions 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 #



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| Revision History                    |            |                        |  |
|-------------------------------------|------------|------------------------|--|
| Revision                            | Originator | Description of Change  | Effective Date   |
| A                                   | Emma C     | Initial Release        | 06/20/08   |
| B                                   | Michelle B | Added Net 30 days note | 10/05/09   |
| C                                   | Lucy C     | Format for Digital Use | 02/02/18   |
|                                     |            |                        |  |
| Approvals/Reviewers                 |            |                        |  |
|                                     |            |                        |  |
| Accounting Manager<br>Dainty Pelayo |            | Date<br>02/02/2018     | General Manager<br>Tim Pritchard<br><br>Date<br>02/02/2018 |