



THE WHITAKER COMPANY
 1557 Marietta Road NW Atlanta, GA 30318
 PHONE: 404-355-8220
 FAX: 404-420-2439
 EMAIL: AccountsReceivable@whitaker.com

New Customer Application

Today's Date _____
 Salesman: _____
 Requested Credit Amount _____

COMPANY INFORMATION

Company Name _____
 Street Address _____
 City _____ County _____ State _____ Zip _____
 Phone _____ Fax _____ Federal ID Number _____
 Shipping Address _____
 City _____ County _____ State _____ Zip _____
 Phone _____ Fax _____ Within City Limits? () Yes () No
 Company Operates As: () Corporation State & Date of Inc. _____ () Partnership () Proprietorship

Do You Pay Sales Tax? () Yes () No ****If No, Exemption Certificate MUST ACCOMPANY Application**
 Whitaker Division: Atlanta () Ocoee () Spartanburg ()

CONTACT INFORMATION

Buyer(s) Name _____ Phone _____ Email _____
 Accounts Payable Phone _____ Email _____
 Where to send invoices _____

OWNERS/OFFICERS

Name: _____ Title: _____ Phone Number: _____
 Name: _____ Title: _____ Phone Number: _____

BANK REFERENCE AND AT LEAST 3 TRADE REFERENCES REQUIRED AS AN ATTACHMENT OR SEE SECOND PAGE

CREDIT AGREEMENT

Your signature below means that, in consideration of The Whitaker Company extending credit to you, you agree to the following terms of the agreement:

- 1.) The Whitaker Company will assign you a maximum credit limit and has the right to reduce or withdraw your credit privileges under this credit agreement at any time.
- 2.) The Whitaker Company will issue invoices for purchases made under the credit agreement. Payment of the purchase price shall be made pursuant to the terms set forth on each invoice. All invoices shall carry terms of net thirty (30) days unless otherwise indicated.
- 3.) If your account becomes delinquent and remains delinquent in excess of sixty (60) days, credit privileges may be canceled. If The Whitaker Company requires outside agents to collect any default amount, all reasonable collection, finance charges, attorney fees, and court costs will be your obligation as well as all principal amounts due.
- 4.) My signature on the credit agreement and my/our use of the account constitutes my/our consent to the terms and conditions of the account and the credit agreement. All statements made on this application are true and correct to the best of my knowledge. You are authorized to check my/our credit history to answer any questions about my/our credit experiences, and to confirm the information on this application with my bank. I/We hereby acknowledge receipt of a copy of this agreement.

_____ Date _____ Signature of President, Officer, or Owner Only _____ Title _____



Application for Credit - References

BANK REFERENCES

Bank Name _____

Account Number _____

Address _____

Phone _____ Fax _____

Contact Name _____ Loans () Yes () No

TRADE REFERENCES - Please list at least 2 Chemical Suppliers, and at least 3 references total

Company Name _____

Contact Name _____ Title _____

Address _____

Phone _____ Fax (NECESSARY) _____

Email _____

Company Name _____

Contact Name _____ Title _____

Address _____

Phone _____ Fax (NECESSARY) _____

Email _____

Company Name _____

Contact Name _____ Title _____

Address _____

Phone _____ Fax (NECESSARY) _____

Email _____

Company Name _____

Contact Name _____ Title _____

Address _____

Phone _____ Fax (NECESSARY) _____

Email _____

Company Name _____

Contact Name _____ Title _____

Address _____

Phone _____ Fax (NECESSARY) _____

Email _____



THE WHITAKER COMPANY
1557 Marietta Road NW
Atlanta, GA 30318
PHONE: 404-355-8220
FAX: 404-420-2439

We at The Whitaker Company take pride in our efforts with respect to the health and safety of our employees and customers. Your cooperation in promptly responding to how you would like to receive our most recent SDS for the product(s) purchased would be most appreciated.

If you would like to opt-in to receive safety data sheets electronically, please indicate below and return a copy of this correspondence with current email address. If you would like to receive a SDS paper copy please select the opt-out box, and an SDS copy will be provided via mail to the address we currently have on file.

OPT IN (FOR FASTER SERVICE) Include email address for SDS receipt _____

OPT OUT (TO RECEIVE VIA MAIL)

Name	
Title	
Customer Name	
Address	
Phone Number	

Please send reply to SDS@whitaker.com or mail this letter to: Compliance Dept. | 1557 Marietta Rd. NW
Atlanta, GA 30318

****WILL BE REQUIRED PRIOR TO PURCHASING****



GUARANTY AGREEMENT

For and in consideration of credit extended or to be extended by The Whitaker Company, its successors or assigns, to and at the request of:

_____ (Herein after called "Purchaser")

The undersigned, jointly and severally, do hereby unconditionally guarantee the payment at respective maturity dates if any and all indebtedness of any kind whatsoever, whether now due or which hereafter become due from Purchaser to The Whitaker Company, its successors or assigns, and hereby agree to pay punctually such indebtedness, plus interest at the maximum rate allowed by law together with the cost of collection (including a reasonable attorney's fee), if default in payment thereof be made by Purchaser. The undersigned expressly waive presentment for payment, notice of nonpayment, protest to any extension of time of payment granted by The Whitaker Company, its successors or assigns. This guaranty contains no limitations or conditions except as written herein, may be modified only in writing signed by the parties hereto, and is to remain in full force and effect until written notices of its termination is received by registered mail by The Whitaker Company, its successors or assigns, at its offices in Atlanta, Georgia, except the written termination of this guaranty by the undersigned shall be effective only as to future credit from and after the date of The Whitaker Company, its successors or assigns, receive aforesaid notice, i.e., any termination hereof as aforesaid shall not affect credits extended prior to its effective termination. Notwithstanding any provisions of this Agreement, the aggregate charges to the undersigned for interest, cost of collection, attorney's fees, and any other charges shall never exceed the maximum of such charges allowed by law; and in the event any charge herein provided for exceeds the maximum amount by law, such amount is hereby automatically reduced as of inception to an amount that does not exceed the maximum allowed by law.

GUARANTOR (S) INFORMATION

Witness Signature Date

Date First Initial Last

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____ SSN _____

Witness *REQUIRED - CANNOT BE SELF Signature Date

Date First Initial Last

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____ SSN _____



Exporter of Record Statement

I, [Your Name], as an authorized representative of [Your Company Name], hereby declare that our company is the exporter of the goods covered by this document. We accept full responsibility for ensuring that these goods comply with all relevant export regulations and documentation requirements, including but not limited to obtaining necessary licenses, permits, and certifications.

We understand that failure to comply with these requirements may result in penalties, including but not limited to fines, imprisonment, and/or loss of export privileges.

Signed: [Your Name]

Date: [Date]