



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



**The Whitaker Company**

1557 Marietta Rd. NW  
Atlanta, Georgia 30318  
404-355-8220

Dear Valued Customer,

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

**What is an SDS?**

A Safety Data Sheet (SDS) provides essential information about the properties of a chemical product. It includes details on the potential hazards, safe handling practices, and emergency control measures. Receiving and reviewing your SDS ensures you have the necessary information to use our products safely.

**Delivery Options:**

- Opt-In (For Faster Service): Receive your SDS electronically. Please provide your current email address below.
- Opt-Out: Receive your SDS via USPS. Select the opt-out box and provide your mailing address.

**Opt-In (For Faster Service)**

Include email address for SDS receipt:

\_\_\_\_\_

**Opt-Out**

(To receive SDS via USPS)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Submission Instructions:**

Please send your completed form to SDS@whitaker.company or mail it to:

**Compliance Department**

**The Whitaker Company**

1557 Marietta Rd. NW  
Atlanta, GA 30318

**Privacy Statement:**

Your information will be used solely for the purpose of delivering your Safety Data Sheets and will be protected in accordance with our privacy policy.

If you have any questions or need further assistance, please do not hesitate to contact us.

Thank you for your prompt attention to this matter.

Sincerely,

The Whitaker Company Compliance Team