

A-1 Chemical Products
1634 North Parkway
Jackson, TN 38301
731-424-1717 Office

NEW ACCOUNT INFORMATION FORM

Account Name: _____
Billing Address: _____
City: _____ **State:** _____ **Zip:** _____
Shipping Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Name of Owner/President: _____
Person to contact for: _____
Accounts Payable: _____
Purchasing: _____

Credit References:

- 1) **Company Name:** _____
Address: _____
Contact Name: _____
Phone: _____

- 2) **Company Name:** _____
Address: _____
Contact Name: _____
Phone: _____

- 3) **Company Name:** _____
Address: _____
Contact Name: _____
Phone: _____

Terms: All sums due by the reason hereof shall be due and payable at the off of seller in Jackson, TN. A finance charge of 1 ½ % per month (18% per year) will be made on balances not paid within 30 days of purchase.

Please advise of any special instructions regarding your purchases (example; Must have P.O. on invoice)

Please sign authorizing A-1 Chemical Products to obtain credit information from the above references and acknowledging that all information provided is correct.

Signature: _____ **Date:** _____

Please include a copy of Tax Exempt Form if applicable.

Please return to Fax Number : 731-424-6826

