



USA Customer Application – Prepayment / CC Terms

* INDICATES REQUIRED FIELDS		*BUSINESS PHONE:	
*FIRM NAME		*BUSINESS FAX:	
*SHIP TO ADDRESS	*STREET:	*CITY:	*STATE:
	*ZIP CODE:	*COUNTRY:	
*Is the shipping address and its personnel properly trained and equipped to receive/ handle hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No			
____ CORPORATION ____ PARTNERSHIP ____ PROPRIETORSHIP ____ DIVISION OR BRANCH			
*YEAR BUSINESS STARTED:	Are your purchases from CovaChem tax exempt? Yes / No Please attach Copy of Sales Tax Exempt Certificate (if applicable)		
*General Description of Business Activities: _____ _____			
*Federal ID# (FEIN) _____		State ID# _____	
Estimated annual purchases from CovaChem: \$			
Please list authorized buyers from your institution: _____ _____ _____			
*Who does your institution currently purchase chemicals from? _____ _____			
*Please describe in detail the intended use of CovaChem's products: _____ _____			
*CovaChem's products will not be resold or exported outside of the United States (please initial here): _____			
Attention: By signing below, you are declaring under penalty of perjury, that all information contained herein is correct and accurate. The undersigned represents that he/she has reviewed and agrees with CovaChem's Ordering Terms & Conditions and has the authority to execute this agreement on behalf of the business identified.			
Name: _____		Date: _____	
Signature: _____		Title: _____	

CovaChem • 6260 East Riverside Blvd • Suite 119 • Loves Park, IL 61111, USA

Phone: +1815.315.1271 • Fax: +1815.315.1272 • accounting@covachem.com

Ordering & Terms of Use can be found at <https://www.covachem.com/ordering.html>