

E. I. DuPont De Nemours & Company
Specialty Chemicals

APPLICATION FOR CREDIT

Company Name to which products/services will be sold: _____

Complete Billing Address _____

Ship-to Address: _____

Phone No. _____ Phone No. _____

Type of Entity: [] CORPORATION [] PARTNERSHIP [] OTHER

Type of Business (Industry): _____

D&B #: _____ Fed ID #: _____

If company is an incorporated subsidiary, provide complete name and address of controlling company.

If operating as a division, provide name/address of corporate headquarters.

Will payments originate from a bank account of an entity other than the one billed? [] NO [] YES

Purchasing Information:

Name of Product: _____ Estimated Annual Requirement: _____

Order Frequency: _____ Credit Limit (\$): _____
(# of times per month) (two months of orders)

Bank Reference:

_____ Account #: _____
_____ Contact: _____
_____ Phone: _____

Vendor References:

Name: _____ Name: _____

Address: _____ Address: _____

Fax: _____ Fax: _____

Name: _____ Name: _____

Address: _____ Address: _____

Fax: _____ Fax: _____