Date:			

- -Please complete this application to the fullest extent possible.
- -We would like to be notified by email or regular mail of any company name change or change of ownership.

CREDIT APPLICATION

COMPANY INFORM	MATION		
Company Name:	Tax ID:		
Physical Address:	Date business established:		
City/State/Zip:	Organization Type:		
Business Phone:	Principal Officer:		
Billing Address:	Principal Officer:		
CREDIT INFORMA			
Credit Dept. Contact:	Financial Institution Name:	Financial Institution Name:	
Phone number:	Physical Address:		
Accounts Payable Contact:	City/State/Zip:		
Email for Accounts Payable:	Business Phone:		
Dun & Bradstreet Number:	Account Number:		
	Type of Account:		
BUSINESS/TRADE REFEREN	CES (REQUIRED)		
Company Name:	Contact Name:		
Address:	Phone number:		
City/State/Zip:	Email:		
Company Name:	Contact Name:		
Address:	Phone number:		
City/State/Zip:	Email:		
Company Name:	Contact Name:		
Address:	Phone number:		
City/State/Zip:	Email:		
AGREEMEN'	Т		
 By submitted this credit application, you are author references that you have provided. Upon review of the credit application and information 	rizing Tokai Carbon CB Ltd. to make inquires from bank on, you will be notified with a status update via email.	ing & trade	
SIGNATURE (REQUIRED)			
Name/Title:			
Signature:			
Date:			

Please return your completed credit application, along with your last three years of financial information (balance sheet, income statement, cash flow statement), to Lydia Granado via email: lgranado@tokaicarboncb.com/Direct Phone# 817-380-5065