

**“Your Sodium Hypochlorite Connection”
CREDIT INFORMATION**

Business Name: _____ Phone: _____

Corporate/DBA/Parent Name: _____

Mailing Address: _____

Shipping Address: _____
(If different from mailing address)

E-mail Address (for pricing updates): _____

Number of years in business: _____ Fax number _____

Type of ownership: _____ Sole Proprietorship _____ Partnership _____ Corporation

Names of owners/officers:

Name: _____ Title _____ Home Phone _____

Address: _____

Name: _____ Title _____ Home Phone _____

Address: _____

Name of Manager/Buyer: _____

Name of Payables Manager: _____

Bank References:

Name/Address: _____

Phone Number: _____ Account Number: _____

Contact: _____

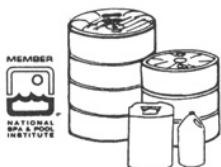
PERSONAL GUARANTEE

In consideration to sell our products to _____ (herein called “Debtor”), the undersigned, personally guarantees to Buckman’s Inc. (“Seller”), its successors or assignees, payments due of any and all present and future obligations of debtor to Seller., together with all interest, attorney’s fees, costs and expenses of collection incurred by Seller due to default by Debtor. This Personal Guarantee shall remain in force until delivery to the Seller at its place of business, of a notice in writing, signed by us, terminating the same: but this Personal Guarantee shall apply to all contracts entered into and sales made prior to the date of delivery of said notice as aforesaid..

Personal Signature of Principal Owner Printed Name Date

Address of Principal Owner City State Zip Code

Residence Phone Number Cell Number



Sodium Hypochlorite – Muriatic Acid
ONE GALLON - 2 1/2 GALLON - 5 GALLON
15 GALLON - 55 GALLON - BULK



105 Airport Road
Pottstown, PA 19464
610-495-7495
FAX 610-495-7229



Bagged Products
Diatomaceous Earth Aluminum Sulfate
Calcium Chloride Soda Ash Briquettes
Light Soda Ash Sodium Bisulfate
Sodium Bicarbonate Sodium Thiosulfate

TERMS AND CONDITIONS

THE TERMS OF BUCKMAN'S, INC. ARE *NET 30 DAYS*, UNLESS OTHERWISE STATED ON THE INVOICE. PAYMENT IS EXPECTED ON TIME. DELIVERIES TO ACCOUNTS WITH A PAST DUE BALANCE WILL BE SUSPENDED UNTIL PAYMENT ARRANGEMENTS HAVE BEEN MADE. SERVICE CHARGES OF 1.5% PER MONTH (WITH A MINIMUM OF \$2.00 PER MONTH) WILL BE CHARGED ON ALL PAST DUE ACCOUNTS. THIS CHARGE MUST BE PAID TO RESUME DELIVERIES.

YOUR SIGNATURE BELOW ACKNOWLEDGES UNDERSTANDING OF ALL TERMS AND CONDITIONS.

COMPANY NAME: _____

SIGNATURE: _____

DATE: _____

TRADE REFERENCES: PLEASE LIST THREE REFERENCES. BE SURE TO FILL IN ALL INFORMATION, I.E. COMPLETE ADDRESSES, TELEPHONE AND FACSIMILE NUMBERS, ETC.

1.	NAME OF COMPANY	ADDRESS	
	TELEPHONE NO.	FAX NO.	ACCOUNT NO.
2.	NAME OF COMPANY	ADDRESS	
	TELEPHONE NO.	FAX NO.	ACCOUNT NO.
3.	NAME OF COMPANY	ADDRESS	
	TELEPHONE NO.	FAX NO.	ACCOUNT NO.

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