

BURGESS

PIGMENT COMPANY

P.O. BOX 349 | 525 Beck Blvd. | Sandersville, GA 31082 USA | 1-800-841-8999

Burgess Pigment Credit Application

Fill out this application as completely as possible to help us serve you more quickly. A signature is required and should be signed by an owner and/or authorized representative stating title.

Corporate Name: _____
DBA: _____
Street/PO Box: _____
City, State, ZIP: _____
Accts, Payable Manager: _____
Chief Financial Officer: _____
Buyer/Purchasing Agent: _____
Phone: _____
Email: _____
Federal I.D.: _____

Invoice to: _____
Name: _____
Street/PO Box: _____
City, State, ZIP: _____
Phone: _____
Email: _____
Division of: _____
Subsidiary of: _____
Street/PO Box: _____
City, State, ZIP: _____
Phone: _____
Email: _____
Federal I.D.: _____

Please circle the appropriate classification:

Proprietorship Partnership Corporation LLC Other:

Year Established: _____ State Incorporated: _____
*Sales Tax Exempt No. _____ (Please attach copy of certificate)
*Resale Tax Permit No. _____ (Please attach copy of certificate)

* A certificate/permit is required for each state shipments will be made to.

Bank Information

Bank Name: _____
Phone: _____
Address: _____
City, State, ZIP: _____
Checking Account #: _____
Borrowing Account #: _____
Email: _____
DUNS #: _____

Note: Emails for trade credit references are REQUIRED.

Trade Credit References

Name: _____
Credit Contact: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Account #: _____
Email: _____

Name: _____
Credit Contact: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Account #: _____
Email: _____

Name: _____
Credit Contact: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Account #: _____
Email: _____

Name: _____
Credit Contact: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Account #: _____
Email: _____

You may use a standard trade reference sheet if all above information is included. This credit application must still be completed and signed.

I/We hereby authorize any and all references listed above to answer and reveal any and all credit information, history, and details about my/our account to the firm to whom this application is made.

Print Name

Title

Signature

Date

Notice: In the event this account becomes delinquent, all written and verbal communications will be an attempt to collect the debt and any information will be used for that purpose.

PLEASE email completed forms to credit@burgesspigment.com

Thank you.