



CREDIT APPLICATION Please Return via Email: awilda.david@armacell.com or Fax: 919.563.6801				
Legal Name:				
(If applicable):	☐ Division ☐ Subsidiary o	f:		
Customer Payer Address:				
City:			State:	Zip:
Bill to Address:			-	
City:			State:	Zip:
Ship to Address:			·	
City:			State	Zip:
Owner / Officer(s):			-	<u> </u>
Type of Company:	Proprietorship Partnership	LLC Corporation		
Sales Tax Status:	☐ Taxable ☐ Tax Exempt ((if exempt, include valid state certif	ficates)	
Account Payable Contact:			AP Phone:	
AP Email:			AP Fax:	
Preferred Billing Option:	☐ Email ☐ Fax	USPS Mail	<u>-</u>	
Year Business Began:			Employer FEIN #:	
Dun & Bradstreet #:			Credit Line Requested:	
List Three Major U.S. Trade Credit References (U.S. Preferred)				
1. Company Name:			Person to contact:	
Product purchased:			Phone Number:	
			Fax Number:	
2. Company Name:			Person to contact:	
Product purchased:			Phone Number:	
			Fax Number:	
3. Company Name:			Person to contact:	
Product purchased:			Phone Number:	
			Fax Number:	
Name of BANK:			CONTACT at Bank:	
Account # :			Phone Number:	
Attach most recent year-end financial statement				
Date:				
ACCOUNTS PAYABLE INFORM	Terms: Net 30 Days	Re	ference Invoice Numbers /	PO Numbers Specific to Payment
US Mail:	Fed-Ex / Overnight:		ACH or Wire Payment	s:
Armacell, LLC	Armacell, LLC		Wachovia Bank	
P.O. Box 751868	Attn: Wholesale Lockbox		500 South Main Street	
Charlotte, NC 28275-1868		Burlington, NC 27216		
,	Building 2C2 – NC 0802		Account Name: Armacell, LLC	
	1525 West WT Harris Blvd		ABA Routing Number: 053 000 219	
	Charlotte, NC 28262			
			Lockbox number: 75186	
INTERNAL USE ONLY:				
Freight Terms		Carrier Partner # / Name:		Payment Terms:
Customer Group:		Purchasing Contact Name:		Price Group:
Price List Type:		Phone:		ax Classification:
Shipping Condition: Delivering Plant:		Fax: Purchasing Email:	Sales Di	strict: Buying Group:
Incoterms:		CSR Initials:		Buying Group.