

## 1444 NW 82nd Ave, Doral, FL 33126 P. 1-888-685-8721

Email: support@ultra1plus.com www.ultra1plus.com



## **Know Your Customer Form**

Firm or Business Nan	ne:					
Phone No Fax No Fax No Fax No Fax No Poing Business As (DBA):						
Billing Address:						
-	State:			Zip:		
Street Address:						
	State:			Zip:		
Email:	ua.	Fstimated Ar	nual Sales for Ultraci	hem LLC:		
- Tour Line Hoquestin	.9					
OWNERSHIP (Name of	of Parent Co. If sub	osidiary):				
Proprietorship	Partnership $\square$	Corporate $\square$	Subsidiary	Other Type:		
Proprietor, Partners,			-	-		
Name:						
Fed Tax or Soc. Sec.	 <del>‡</del>	Pri	ncipal Business :			
			=			
BANK INFORMATION	N					
Name of the Bank:						
Address:						
City:		State;		Zip:		
Account No:						
Account No:			Bank Contact: _			
CREDIT REFERENCE	=0.					
			Managa			
Name:						
Address:City:	Statos	Zin	Address:	State:		
Account:		ZIP	-	State.	Zip	
Phone No				Fax No.		
Email:						
Namo			Namo			
Name:						
Address:City:	State:	7in:	City:			
Account:		_ <b>_</b> .p	Account:		<b></b> .p	
Phone No	Fax No.		Phone No.	Fax No		
Email:						
LANDLORD REFERE	NCES:					
Address:						
City:		State:		Zip: _		
Phone No						
Email:						



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## \*\*\*ATTACH THE MOST RECENT FINANCIAL STATEMENT WITH THIS APPLICATION\*\*\*

## **TERMS AND CONDITIONS OF SALE**

Applicant does hereby understand and agrees to the terms as provided in the company's distribution contract and pricing. Applicant will be charged at a rate of 1.5% per month on any past due invoices beyond 90 days. Applicant accepts that ULTRACHEM LLC will not recognize any unauthorized deductions on invoices. All information in this application is true and correct. Applicant gives ULTRACHEM LLC authorization to receive credit information and banking information as provided. Applicant understands the terms of the sale stated and agrees that such terms apply to all transactions with ULTRACHEM LLC.

Signature:		Signature:
Print Name: .		Print Name:
Title:	Date:	Date:Date:
PERSONAL G	UARANTEE	
	self/herself personally liable for	tion to collect, the applicant pledges personal responsibility all attorney fees, collection costs, court costs incurred
•		
	Date:	