

**VISKASE COMPANIES, INC.**  
**CONFIDENTIAL CREDIT APPLICATION**

(Please Type or Print Legibly)

Full **Legal** Name of Company \_\_\_\_\_

Tradestyle (D/B/A) \_\_\_\_\_

Sold to Address: \_\_\_\_\_ Ship to Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_  
Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Principals - Names / Titles / Social Security Numbers  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business (i.e., Corporation, Partnership, etc.) & Parent Co. (if applicable)  
\_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ DUNS # \_\_\_\_\_ SIC Code (s) \_\_\_\_\_

Secured Creditors \_\_\_\_\_

Accts Payable Contact \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail \_\_\_\_\_

Line of Credit Requested \$ \_\_\_\_\_ Approximate Monthly Usage \$ \_\_\_\_\_

If available, please indicate approximate dollar amount and requested ship date for new order(s): \_\_\_\_\_

**Please include your latest fiscal financial statement, or complete the following:**

Year Ending _____	Long Term Debt _____
Current Assets _____	Net Worth _____
Fixed Assets _____	Annual Sales _____
Current Liabilities _____	Fiscal Profit (Loss) _____
Business Premises – Value if Owned \$ _____	Mortgage \$ _____
Monthly Rental if Leased \$ _____	Leased from _____
Insurance Carried: Fire \$ _____	Liability \$ _____ Other \$ _____

AN ATTACHMENT PROVIDING BANK & TRADE REFERENCES IS ACCEPTABLE. HOWEVER, WE STILL REQUIRE THAT THIS PAGE BE RETURNED WITH AN AUTHORIZED SIGNATURE.

**BANK REFERENCE**      Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Name \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number (\_\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_\_)\_\_\_\_\_

**TRADE REFERENCES**      With Open Accounts – Not Subject to Terms of the Packers & Stockyards Act.

Company Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_ Fax Number \_\_\_\_\_

If credit is extended, I/we agree to pay all debts incurred within the terms of sale, which are **Net 10 Days from date of invoice**. However, should the debt become past due I/we expressly agree (subject to statutory regulations) to pay late charges on the past due amounts at the rate of 1-1/2% per month (18% annual rate); provided that no provision of this agreement requires or permits the collection of late charges in excess of the maximum amount permitted by law. I/we further expressly agree to pay reasonable collection costs, court fees, out-of-pocket expenses and/or attorney's fees incurred in connection with the collection of this account. I/we do hereby authorize our bank and suppliers to release information to VISKASE COMPANIES, INC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

RETURN TO:  
payinfo@viskase.com or Fax 630-929-7557  
Main Phone 630-874-0700  
Viskase Companies, Inc.  
333 East Butterfield Road, Suite 400  
Lombard, IL 60148-5679