



**Chemtron Corporation**

35850 Schneider Court  
Avon, OH 44011

440-933-6348

Fax: 440-933-9500

# New Account Form

New Account

Revision to Existing Account

Sales Rep: \_\_\_\_\_

**Client Name (Bill-To):** \_\_\_\_\_

Duns#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Gen Name (Site):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

24 Emergency Phone Number: \_\_\_\_\_

Contract Number (CN#): \_\_\_\_\_

EPA ID #: \_\_\_\_\_

County: \_\_\_\_\_

**Gen Name (Mail-To):** \_\_\_\_\_

Same as Site

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Payment Type: \_\_\_\_\_

COD

Invoice

Credit Limit Requested: \_\_\_\_\_

Is Purchase Order Necessary? \_\_\_\_\_

Yes

No

Chemtron Credit Application Attached? \_\_\_\_\_

Yes

No

Business Channel: \_\_\_\_\_

DIRECT

BROKER

Email Invoice: Provide up to three email addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Manifest: Provide up to three email addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounting Department Use