



The Lubrizol Corporation
 9911 Brecksville Road
 Cleveland, Ohio 44141-3247
 Tel: 888-234-2436 www.lubrizol.com

*****LUBRIZOL'S REQUEST FOR NEW CUSTOMER INFORMATION***

It is the policy of Lubrizol to ensure full compliance with all US Government regulations regarding any potential international trade. The information requested below assists us in meeting our objectives in this regard.
 Please complete the following form in its entirety:

EMAIL BACK TO: SPECIALTYPLASTICS.CSR@LUBRIZOL.COM		OR FAX: 216-447-5361	
LUBRIZOL CONTACT YOU ARE WORKING WITH:			
YOUR NAME:			
PHONE:		FAX:	
EMAIL:			
ARE YOU PLACING:		<input type="checkbox"/> AN ORDER? <input type="checkbox"/> A SAMPLE REQUEST?	
Company Website:			
SOLD TO ADDRESS (location placing the order):		SHIP TO ADDRESS (location receiving the goods):	
Company Name:		Company Name:	
Address:		Address:	
Address:		Address:	
Country:		Country:	
Tel:		Tel:	
Fax:		Fax:	
BILL TO ADDRESS (location receiving this invoice):		PAYER ADDRESS (location that pays the invoice):	
Company Name:		Company Name:	
Address:		Address:	
Address:		Address:	
Country:		Country:	
Tel:		Tel:	
Fax:		Fax:	
PRODUCT(S) REQUESTED:			
PRODUCT(S) APPLICATION:		END USE:	
	FIRST NAME	LAST NAME	PHONE
			FAX
			EMAIL
ACKNOWLEDGEMENT CONTACT			
ACCT. PAYABLE CONTACT			
COA CONTACT			
MSDS CONTACT			
ARE YOU THE ULTIMATE CONSUMER OF THE LUBRIZOL PRODUCT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
- IF NO, ARE YOU A TRADER (resells Lubrizol product with Lubrizol label)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
- IF NO, ARE YOU A RESELLER (sells Lubrizol product with customer label)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
- IF NO, ARE YOU A DISTRIBUTOR UNDER CONTRACT WITH Lubrizol?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROVIDE FINAL DESTINATION OF LUBRIZOL PRODUCT:		CITY:	COUNTRY:
WILL A FREIGHT FORWARDER BE USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, for <input type="checkbox"/> Customs <input type="checkbox"/> Booking	
FORWARDER NAME:		CITY:	COUNTRY:
WILL YOU BE USING 3 RD PARTY FREIGHT BILLING?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME:		ADDRESS:	
DO YOU HAVE ANY RELATIONSHIPS WITH BUSINESS OR INDIVIDUALS IN:			
CUBA	<input type="checkbox"/> YES <input type="checkbox"/> NO	SYRIA	<input type="checkbox"/> YES <input type="checkbox"/> NO
IRAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	THE SUDAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
NORTH KOREA	<input type="checkbox"/> YES <input type="checkbox"/> NO		

IF YOU ARE PLACING AN ORDER, PLEASE COMPLETE THE FOLLOWING LUBRIZOL CREDIT APPLICATION AND FAX IT TO 216-447-6335 OR EMAIL TO CREDIT@LUBRIZOL.COM. ALSO SEND A TAX EXEMPTION CERTIFICATE, IF AVAILABLE.



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DOMESTIC / INTERNATIONAL CREDIT APPLICATION

EMAIL COMPLETED FORM TO: Credit@Lubrizol.com

Please Print or Type / All Fields Mandatory Unless Noted / U.S. Customers Must Also Complete Tax Exempt Form

COMPANY INFORMATION

Company Name				Street			
City	State	Zip Code / Postal Code	Country	Phone		Fax	
Parent Company Name			Div <input type="checkbox"/>	Sub <input type="checkbox"/>	City	State	Country
Corp <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	LLC <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Date Company Established / /	
Products Interested in Purchasing by Segment:				Additives <input type="checkbox"/>	Personal Care/Pharm <input type="checkbox"/>	Performance Coatings <input type="checkbox"/>	Estane <input type="checkbox"/>
				Temprite <input type="checkbox"/>	Other: _____		
Product Name Interested in Purchasing / Product Use							
Freight Forwarder (Mandatory if used)							
Final Destination for End Use of Product (If product is exported)							
Officer's Name					Title		
Company Website					DUNS #		
Purchasing Contact Name			Phone	Fax	Purchaser's Email Address		
Accounts Payable Contact Name			Phone	Fax	Accounts Payable Email Address		
Currency							

BANK INFORMATION

Bank Name				Street			
City	State	Zip Code / Postal Code	Country	Phone		Fax	
Contact			Title			Account Number	
Average Checking Bal.				Credit Line			
Secured	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Describe Type of Security				

CREDIT REFERENCES

Company Name				Street			
City	State	Zip Code / Postal Code	Country	Phone		Fax	
Company Name				Street			
City	State	Zip Code / Postal Code	Country	Phone		Fax	
Company Name				Street			
City	State	Zip Code / Postal Code	Country	Phone		Fax	
Company Name				Street			
City	State	Zip Code / Postal Code	Country	Phone		Fax	

Completed by _____ Title _____ Date _____

We wish to **thank you** for your interest in Lubrizol products and the opportunity to be of service.

Revised 0707/11-JHW