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 S	Security Numbers	
Type of Business (i.e., Corporation, Par	tnership, etc.) & Parent Co. (if applicable)	
Date of Incorporation	Country of Incorporation	
Federal ID # DUN	S # SIC Code (s)	
Secured Creditors		
Accts Payable Contact		
Line of Credit Requested \$	Approximate Monthly Usage \$	
If available, please indicate approximate of amount and requested ship date for new of	ollar order(s):	
Please include your latest fiscal finan	ncial 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 REFERENC	ES 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
acknowledged after p (subject to statutory remonth (18% annual ra of late charges in excereasonable collection connection with the connection	rocessing. However, sho egulations) to pay late char te); provided that no provisess of the maximum amous costs, court fees, out-of	bts incurred within the terms of sale. Terms will be ould the debt become past due, I/we expressly agree reges on the past due amounts at the rate of 1-1/2% per sion of this agreement requires or permits the collection of the permitted by law. I/we further expressly agree to pay f-pocket expenses and/or attorney's fees incurred in I/we do hereby authorize our bank and suppliers to NC.
	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