



Credit Application

Dear Customer:

In order to establish a charge account for you, we require the following credit information. Please be sure to fill out the application completely. **Incomplete applications will delay the processing of credit.** Both sections of this form must be signed to establish credit.

Please return to the attention of **Kim Berkezhuk, Credit Department, PDK Design and Grinding Co., Inc** at the fax, address listed below. Thank you.

Company Name	Telephone Number
Address, City State & Zip	Fax Number
Type of Business	# of years in business

For CORPORATIONS:

Name of Officers: _____

State where Incorporated: _____

For PARTNERSHIPS:

Name of Partners: _____ Home Telephone Number(s) _____

Address, City State & Zip _____

For INDIVIDUALS:

Name: _____

Home Address, City State & Zip: _____

Drivers License Number: _____ Social Security Number: _____

BANK (Checking Account)	Account Number
Address, City State & Zip	
Contact Person	* Phone Number
	* Fax Number

TRADE REFERENCES

Name _____

Address, City State & Zip _____ * Phone Number _____

_____ * Fax Number _____

Name _____

Address, City State & Zip _____ * Phone Number _____

_____ * Fax Number _____

Name _____

Address, City State & Zip _____ * Phone Number _____

_____ * Fax Number _____

APPLICANT

Name (Please print or type) _____ Title _____

Signature _____ Date _____

I hereby certify that the above information is true and correct to the best of my understanding

Terms and Conditions of Sale

1. Net 30 Days
2. All merchandise returns must have a return authorization number
3. Unpaid invoices past terms are subject to finance charges in the amount of 1-1/2% per month and delivery may be affected.
4. Accounts are placed into collection at 90 days. Should collection become necessary, I hereby agree to pay collection fees (a sum certain amount of 35% above balance).

Name (Please Print) _____ Title _____

Signature: _____ Date _____

* Application cannot be processed without this information.