



## 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 Jim McCoy/Jen Lameroux, Credit Department, D&S Manufacturing at the phone, 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.