



APPLICATION FOR CREDIT

APPLICANT INFORMATION

Company Name:

Fed ID:	DUNS #:	Years in Business:
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Current address:

City:	State:	ZIP Code:
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Email:	Phone:	Fax:
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Business Contact:

Email:	Phone:
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BUSINESS AND CREDIT INFORMATION

Accounts Payable Contact:

Phone:	Email:
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Bank Name:	Bank Phone:
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Bank Address:

City:	State:	ZIP Code:
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Bank Contact:	Contact Phone:
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Type of Account:	Account #:
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BUSINESS/TRADE REFERENCES

Company name:	Contact name:
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Address:

City:	State:	ZIP Code:
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Email:	Phone:	Fax:
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Credit Limit:	Length of business relationship:
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Company name:	Contact name:
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Address:

City:	State:	ZIP Code:
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Email:	Phone:	Fax:
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Credit Limit:	Length of business relationship:
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Company name:	Contact name:
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Address:

City:	State:	ZIP Code:
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Email:	Phone:	Fax:
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Credit Limit:	Length of business relationship:
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AGREEMENT & SIGNATURE

1. By submitting this application, you authorize DM Supply Source, LLC. to make inquiries into the banking and business trade references that you have supplied.
2. You agree to follow DM Supply Source terms and conditions of sale. All invoices must be paid 30 days from the date of invoice.

Signature:(Corporate Officer)

Date

Print Name:

Title: