



Credit Application for Net Terms

BUSINESS GENERAL INFORMATION

Company Name:				
Address:				
City:			State:	Zip Code:
Phone:	Fax:	Email:		
CEO Name:	Phone:	Email:		
AP Name:	AP Phone:	AP Email:		
FEIN# :	DUNS#:	CAGE CODE:	SIC CODE:	NAICS:

BANK INFORMATION

Bank Name:		
Address:		
City:		State: ZIP Code:
Phone:	Contact Name:	
Account#:	Contact Email:	
Type of account:		

TRADE REFERENCES (AT LEAST 4 REFERENCES REQUIRED)

***Please note that only ONE of FOUR references required may be a FRANCHISE

Company name:		
Address:		
City:		State: ZIP Code:
Phone:	Fax:	E-mail:
Type of account:	Contact Name:	



Company name:		
Address:		
City:		State: ZIP Code:
Phone:	Fax:	E-mail:
Type of account:	Contact Name:	



Company name:		
Address:		
City:		State: ZIP Code:
Phone:	Fax:	E-mail:
Type of account:	Contact Name:	





Credit Application for Net Terms

Company name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of account:

Contact Name:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of account:

Contact Name:

CERTIFICATION BY OFFICER, PARTNER OR OWNER

I certify that I have the authority to open this Credit Account on behalf of the Credit Applicant and that the information completed above is true and accurate to the best of my knowledge. I hereby authorize the above named Bank Reference and Trade References to release information concerning our account and/or credit history to Direct Components, Inc.

Printed Name:

Signature:

Title:

Date