

DIRECT Components

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 may be FRANCHISE, and if International, 3 US references that you have terms with is required.**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Terms:

Contact Name:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Terms:

Contact Name:

Company name:

Address:

City:

State:

ZIP Code:

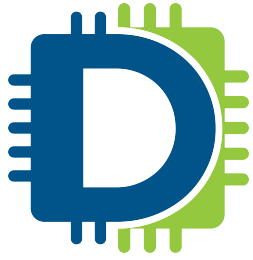
Phone:

Fax:

E-mail:

Terms:

Contact Name:



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Zip Code:

Phone:

Fax:

Email:

Terms:

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