



CREDIT APPLICATION

CONFIDENTIAL APPLICATION FOR NET 30 DAYS TERMS WITH DHR INDUSTRIES, INC.

Fax current State Resale Tax Certificate and completed application to toll free 877-436-2269.

BUSINESS NAME _____

PHONE NUMBER: _____ FAX NUMBER: _____

SHIPPING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

A/P Contact _____ Phone # if different than above: _____

Company has been in business since: _____ FEIN: _____

Company operates as a: () Sole Proprietorship () Partnership () Corporation

Principals: Title/Name _____ Title/Name _____

BANK REFERENCE:

Bank Name _____ Phone # _____

Bank Address _____ FAX # _____

Bank Account # _____

Contact/Tel. # _____

TRADE REFERENCES:

(1) COMPANY NAME & CONTACT _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

(2) COMPANY NAME & CONTACT _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

(3) COMPANY NAME & CONTACT _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

I hereby authorize and hold harmless the above firms to release to DHR Industries, Inc. information pertaining to my credit standing with them, and I agree to all terms and conditions of sale. I understand that a 1.5% monthly fee (18% annual rate) may be assessed on delinquent accounts.

SIGNED _____ DATE: _____
(Company Officer/Authorized Agent)

PRINT NAME: _____ TITLE _____