

# CREDIT APPLICATION

Fax to Adam: 1-810-885-0392

|   |                      |       |                  |                          |
|---|----------------------|-------|------------------|--------------------------|
| <b>CUSTOMER INFORMATION</b>   | Legal Business Name: |       | DBA Name         |                          |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-S<br><input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership | Mail Address:        |       | Street Address:  |                          |
|   | Town<br>Zip Code     | State | Town<br>Zip Code | State                    |
| <input type="checkbox"/> Other<br>Date started:   | Contact Person:      |       | Voice Phone:     | Fax Phone:               |
|   | Nature of Business:  |       | Fed. Tax ID#:    | State Sales Tax Cert. #: |

| BANK REFERENCES           | Primary Bank | Secondary Bank |
|---------------------------|--------------|----------------|
| Bank Name & Branch:       |              |                |
| Contact Person and Tel #: |              |                |
| Checking Account Number:  |              |                |

| TRADE REFERENCES             | First Reference<br><input type="checkbox"/> Active or Closed <input type="checkbox"/> | Second Reference<br><input type="checkbox"/> Active or Closed <input type="checkbox"/> | Third Reference<br><input type="checkbox"/> Active or Closed <input type="checkbox"/> |
|------------------------------|---|--|---|
| Company Name:                |   |  |   |
| Street Address:              |   |  |   |
| City and State:              |   |  |   |
| Telephone Number:            |   |  |   |
| Fax #:                       |   |  |   |
| Person To Contact:           |   |  |   |
| Type of Materials Purchased: |   |  |   |
| Highest Balance:             |   |  |   |

| OFFICERS, PARTNERS, & GUARANTORS | Principal | Second | Third |
|----------------------------------|-----------|--------|-------|
| Name:                            |           |        |       |
| Title:                           |           |        |       |
| Home Address:                    |           |        |       |
| City / State / Zip Code:         |           |        |       |
| Percent of Ownership:            |           |        |       |

Customer authorizes bank and trade references to release any information requested by DWS, Inc by phone. Customer submits this application for the purpose of obtaining credit and certifies that all information herein is true and complete. Customer authorizes credit checks of all references letter or fax.

Authorized Signature: **X**

Title: **X**

Printed Name: **X**

Date: **X**

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