

CREDIT APPLICATION

Fax to Adam: 1-810-885-0392

CUSTOMER INFORMATION	Legal Business Name:		DBA Name	
<input type="checkbox"/> Corporation <input type="checkbox"/> Sub-S <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	Mail Address:		Street Address:	
	Town Zip Code	State	Town Zip Code	State
<input type="checkbox"/> Other 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 <input type="checkbox"/> Active or Closed <input type="checkbox"/>	Second Reference <input type="checkbox"/> Active or Closed <input type="checkbox"/>	Third Reference <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**
