



D & M Salesman _____

CREDIT APPLICATION

Business Name: _____

Complete Mailing Address: _____

Complete Shipping Address: _____

Telephone Number: _____ Fax Number: _____

Email Address for credit contact: _____

Type of Ownership: Corporation Partnership Sole Proprietorship

If Corporation - Officers names, respective offices held & address:

If Partnership - Partners names & addresses:

If Proprietorship - Proprietor name & address:

If a Division or Subsidiary, Parent Firm is:

Amount of Credit Requested: \$ _____

Yearly Sales \$ _____ Total Assets \$ _____

Yearly Sales Parent Firm (if applicable) \$ _____

Total Assets Parent Firm (if applicable) \$ _____

- We reserve the right to receive Financial Statements for your last four (4) fiscal years. You may elect to include these Financial Statements with this completed credit application.
- We also reserve the right to periodically request updated credit information so we may maintain a current credit file for your business.
- SALES & USE TAX EXEMPTION FORM: (Please note: As a wholesaler we are required to have this form on record. If you are exempt, please return this with your application)

BANK REFERENCE: Name: _____

Address: _____ Telephone: _____

Business Bank Account Number(s): _____

Contact Person: _____ Fax: _____

Email Address: _____

CREDIT REFERENCES:

1. Company: _____
Address: _____
Email: _____
Phone #: _____
Fax #: _____

2. Company: _____
Address: _____
Email: _____
Phone #: _____
Fax #: _____

3. Company: _____
Address: _____
Email: _____
Phone #: _____
Fax #: _____

4. Company: _____
Address: _____
Email: _____
Phone #: _____
Fax #: _____

How long has your business been operating? _____

How long has your business been incorporated? _____

Have any of the following declared bankruptcy in the last 14 years? OFFICIERS, PARTNERS, OR PROPRIETOR? If so, who, where, and what year?

Everything that we have stated in this application is correct to the best of our knowledge. We understand that you will retain this application whether or not it is approved. You are authorized to check any and all pertinent credit data to assist you in the processing of this application.

ALL PAYMENTS ON CREDIT ARE DUE 30 DAYS AFTER DATE OF SHIPMENT. Accounts not paid with 31 days of date of invoice, will be subject to a service charge of 1.5% per month, which is equal to an annual percentage rate of 18% per year. Invoices consistently over due may initiate change in credit status. Payments made by credit card will be subject to a 3% surcharge.

I (WE) HEREBY REQUEST CREDIT WITH D&M INDUSTRIES, INC., AND AGREE TO THEIR CREDIT TERMS. I (WE) ALSO AGREE TO PAY ATTORNEY'S FEES IN THE EVENT THAT LEGAL ACTION IS NECESSARY FOR COLLECTION. IN THE EVENT THAT LEGAL ACTION IS PROMPTED IT IS AGREED THAT THE LAWS OF NORTH DAKOTA SHALL PREVAIL. THE UNDERSIGNED PARTY HEREBY AGREES THAT HE (SHE) SHALL ASSUME PERSONAL LIABILITY IN THE EVENT OF UNSATISFIED DEBT.

Name

Date



BANK: _____ REF: _____

_____ ACCT # _____
ACCT # _____

TO WHOM IT MAY CONCERN:

THE FOLLOWING PERSON HAS GIVEN YOUR BANK AS THE BANK REFERENCE FOR THEIR ABOVE REFERENCED COMPANY, AS WELL AS AUTHORIZING AND REQUESTING YOU TO PROVIDE INFORMATION BELOW.

Signature Title Date

WE WILL APPRECIATE YOUR ASSISTANCE IN SHARING INFORMATION IN THE AREAS OUTLINED BELOW. BE ASSURED THIS INFORMATION IS REQUESTED ONLY FOR THE PURPOSE OF EXTENDING TRADE CREDIT, AND WILL BE HANDLED IN A CONFIDENTIAL AND PROFESSIONAL MANNER.

Respectfully,
D&M Industries, Inc.
Juli LaFlamme
Credit Manager

Bookkeeping Department:

Date Account Opened _____
Current Balance \$ _____
Average Balance \$ _____

Credit Department:

Date Credit Opened _____
Current Outstanding \$ _____
Average Balance \$ _____

Signature

Position / Title

Date

Signature

Position / Title

Date