



CREDIT APPLICATION AND PURCHASE AGREEMENT

Fax completed form to (909) 770-5713 or email to Finance@DCIHollowMetal.com

FIRM NAME

Name of Parent Company if Subsidiary

Billing Address City, State, Zip

Shipping Address City, State, Zip

Phone Tax I.D. Number

Form of Business: Sole Proprietorship Partnership Corporation

State Incorporated In Number of Years Established

Previous Address (if at present location under 5 years)

Kind of Business Annual Sales No. Employees

Resale/Taxable Resale # D and B #

INFORMATION ON OFFICERS AND/OR PRINCIPALS (Two):

Name & Title

Home Street Address

City, State, ZIP

Home Telephone

Social Security #:

Company Bank: Phone:

Bank Address:

Checking Savings Loan Account#

LIST BELOW THE NAMES OF PRINCIPAL FIRMS WITH WHOM YOU HAVE ESTABLISHED CREDIT

FIRM NAME	PHONE#	STREET ADDRESS	CITY, STATE, ZIP



Amount of Credit Requested \$ If in excess of \$5,000 please attach copy of company financial statement.

THE APPLICANT HEREBY ACKNOWLEDGES AND AGREES TO THE FOLLOWING TERMS AND CONDITIONS OF THE SALE

1. CREDIT INFORMATION

I /We agree to submit the Social Security Number(s) of the owner(s) of the subject business entity, which in the absence of certain company information, will be utilized for the purpose of obtaining a personal credit profile of said owner(s) from TRW and/or Dun and Bradstreet, in order to determine the credit worthiness of subject entity.

2. PAYMENT TERMS

I /We recognize and agree to comply with Door Components Inc. (DCI) payment terms of Net 30. No deductions will be taken without authorized prior approval from DCI. If the buyer fails to pay for goods within the specified terms of 30 days from Date of Invoice, then all delinquent accounts are closed and all legal efforts will be sought to collect funds.

3. ATTORNEY'S FEES

If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees incurred.

4. PURCHASING

We agree to provide signed purchase orders on company letterhead for all purchases. All changes will be followed-up in writing. We agree to supply all needed preliminary information to DCI in regards to Contractor, job-site address and Owner (when available).

Date

Authorized Signature

Title

Phone

Printed Name

Email Address

FOR FUTURE REFERENCE, PLEASE PROVIDE CONTACT INFORMATION FOR YOUR PAYABLES STAFF

Payables Contact Printed Name

Phone

Email address

Mailing address

Preferred method of contact: Phone Email Either Phone or Email

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Thank you for your credit application.