

dZignPak Customer Credit Application

(Note: SALES TAX. You will be charged sales tax if you do not complete and sign the Form 10-339 Back)



Date:		Tax Exemption Number: (Complete and sign the attached)	
Business Name:		First Order Amount:	Estimated Annual Sales:
Mailing Address:		Salesperson:	
City: State:		Purchasing Agent:	A/P Contact:
Zip Code:		Date Business Started:	
Phone No.:		Fax No.:	
Shipping Address:		City:	State:
		Zip:	
Shipping Instructions (Dock Hours, Forklifts, Appt Needed, etc.):			
Purchasing Email Contact:		Accounting Email Contact:	
Type of Ownership (Check One): <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual			
Bank:		Phone No.:	Bank Officer:
Address:		City:	State & Zip:

PRINCIPALS IN COMPANY (Local if available)

President/Owner	Address:	City:	State & Zip:	Phone:
Name:	Address:	City:	State & Zip:	Phone:
Name:	Address:	City:	State & Zip:	Phone:

CREDIT REFERENCES (Local if available)

Name:	Address:		
Contact Name:	Phone No.:	Fax No.:	
Name:	Address:		
Contact Name:	Phone No.:	Fax No.:	
Name:	Address:		
Contact Name:	Phone No.:	Fax No.:	
Name:	Address:		
Contact Name:	Phone No.:	Fax No.:	
Name:	Address:		
Contact Name:	Phone No.:	Fax No.:	

For any questions regarding this Credit Application, please contact the Accounting Department at 972-417-7660.

We look forward to doing business with you.

OFFICE USE ONLY

Credit <input type="checkbox"/> Yes	Credit Limit:	Terms:	Date:
Approved: <input type="checkbox"/> No	Initials _____		