



CREDIT APPLICATION

Fax completed form to 888-808-4363 or email to credit_application@dme.net

Customer Number:			
Legal Name:		Date:	
Trade Name (D.B.A.):		Phone:	
Ship to Address:			
City:	State:	Zip:	
Bill to Address:			
City:	State:	Zip:	
Contact Person(s):	Email	Phone:	Fax
Estimated Annual Sales:		Estimated Weekly Credit Requirements:	
Are Statements Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are P.O. Numbers Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Injection Molder	<input type="checkbox"/> Die Caster	<input type="checkbox"/> Mold Maker	<input type="checkbox"/> Other
Date the Present Owners Assumed Control of the Business:			
Federal Employer I.D. Number:		Social Security Number:	
Building/Facilities: <input type="checkbox"/> Owned <input type="checkbox"/> Leased			
Mortgage Holder Name:		Lessor Name:	
Is There Any Pending Litigation Against You or Your Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes see below			
Plaintiff:		Amount of Controversy:	
Has the Applicant / Business Owners Ever Filed for Bankruptcy? Business: <input type="checkbox"/> Y <input type="checkbox"/> N Personal: <input type="checkbox"/> Y <input type="checkbox"/> N			

Authorization For Release of Credit Information: The undersigned hereby authorizes all Bank and Trade References for the above named Credit Applicant to release any information to DME Company and/or affiliates for the purpose of obtaining credit.

Date: _____

SIGNED _____

Bank References:

Bank:	Acct. No.	Phone:
Address:	Officer:	
Savings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Trade References: *(To speed process – FAX NUMBER AND EMAIL ADDRESSES REQUIRED FOR ALL REFERENCES)*

Name:	Address:	
Phone:	Fax:	Email:
Name:	Address:	
Phone:	Fax:	Email:
Name:	Address:	
Phone:	Fax:	Email:
Name:	Address:	
Phone:	Fax:	Email:

Check One: Corporation L.L.C. Partnership Sole Proprietorship

If a Corporation or L.L.C., Year Incorporated: _____ State of Incorporation or Foundation: _____

Corporation or L. L. C.

Corporate Name: _____

President's Name	S.S. No.
Address:	Phone:
Vice President's Name:	S.S. No.
Address:	Phone:
Sec/Treas. Name:	S.S. No.
Address:	Phone:

Partnership or Sole Proprietor

Owner:	S.S. No.
Address:	Phone:
Owner:	S.S. No.
Address:	Phone:

List Percentage Ownership of Each Owner: _____

I/We understand that we are required if possible to furnish a copy of our most recent financial statement for you confidential use and credit purposes. All new accounts will be shipped on a C.O.D. basis until credit is approved by the Credit Department. (Unrated accounts requesting credit may require a personal guarantee of officers of the corporation and the principal stockholders.)

When credit accommodations are extended, payments are to be sent to remittance address as stated on invoice, in accordance with the credit terms that are granted. I/We agree to pay a finance charge equal to the Lesser of 1-1/2% per month or the maximum amount permitted under applicable law on any amount "past 0 days and over".

In the event payment to DME and or affiliates is received in the form of a check or draft, the undersigned account shall receive immediate credit for the amount included therein, provided, that if any check is returned or refused by the bank for any reason, the credit previously considered on the records shall be considered null and void and interest shall begin to accrue thereon. Any returned check shall result in a \$50.00 assessment which will be paid immediately. DME and/or affiliates shall have the right to demand payment of the returned check(s) in CASH or CERTIFIED funds immediately upon said notification.

Applicant hereby assigns, transfers and sets over to DME and/or affiliates in the event of fire, explosion, riot, or other destructive cause by an insurable event, all of his/hers/it's right, title and interest in any policy of fire or casualty insurance to extend of his/hers/it's then outstanding balance to DME and/or affiliates and authorizes DME and/or affiliates to deal directly with his/hers/its insurance carrier for the collection of the same. The name and address of applicants insurance agent or company is:

Agency: _____ City: _____ State: _____ Zip: _____

For the purpose of obtaining Open Account Credit, I/we state the above information is true and correct, that I/we have authority to apply for credit on behalf of the herein named business and that I/we hereby attest to the Company's solvency.

Date: _____ Title: _____

SIGNED _____

Date: _____ Title: _____

SIGNED _____

Individual / Joint Personal Guaranty

To: DME Company LLC and/or affiliates

I/we _____ in order to induce DME and/or affiliates, creditor company, to grant present and/or future financial accommodations to _____, herein refer to as "COMPANY"; do hereby irrevocably and unconditionally guarantee payments to DME and/or affiliates for all indebtedness of any sum due from the Company whenever the Company fails to pay same upon demand. I/we do hereby waive notice of default and non-payment (and consent to any modification or renewal of the credit arrangement.) If this is signed by one or more than one person authorized to act on behalf of the Company, it shall be the joint and several obligation of all officers and owners and principal stockholders of such Company. If any balance turned over to a collection agency or any attorney for collection, I/we agree to pay attorney and/or collection fees.

Print Name

Print Name

Guarantor Signature

Guarantor Signature

SS No.

SS No.

Date

Date

Witness

Witness

Print Name

Print Name