



# CUSTOMER CREDIT APPLICATION

In order to avoid being taxed, please send your Tax Resale Certificate

Please Remit Back To: Fax 800-475-2279

Date: / /

ATTN:

	<b>X Type of Organization</b> ( ) Corporation ( ) Partnership ( ) Sole Ownership <b>EIN No.</b> ____ - ____ - ____
Company Name	Type Of Business (Major Activity): ( ) Power Generation ( ) Industrial ( ) Marine ( ) Automotive Web Page _____
Street Address	Email Address _____
City State Zip	Name of Parent Company _____
Phone: ( )	Relationship To Parent ( ) Subsidiary ( ) Division ( ) Branch
Fax: ( )	

<b>X Officers or Owners</b>	<b>Title</b>	<b>X Accounts Payable Contact</b>
		Approximate amount of initial order: ( ) 0 - \$1,000 ( ) \$1,000 - \$5,000 ( ) \$5,001 - \$10,000+

## Credit References:

Company _____ Name of Contact _____ Phone Number _____ Email Address _____ Account # (if known) _____ Street Address _____ City, State, Zip _____	Company _____ Name of Contact _____ Phone Number _____ Email Address _____ Account # (if known) _____ Street Address _____ City, State, Zip _____
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**X** \_\_\_\_\_

Authorized Signature For Release Of Credit Information

\_\_\_\_\_ Date

DSC Internal office use only			
Date : _____	Acct# _____	Taxable: [ ] Yes [ ] No	
Terms: _____	Credit Line: _____	Approved By: _____	