



# APPLICATION

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## APPLICATION FOR CREDIT---FOR COMPANY USE ONLY:

Date	Sales Representative	Amount Requested	Creditor OK Date	Credit Amount

For the purpose of establishing credit with Davlin Coatings LLC (creditor), I/We, the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

Name of Business (dba) \_\_\_\_\_

Sole Partnership Corporation (Circle One) Business Start Date: \_\_\_\_\_

Other Name(s) (i.e. Corporation) \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Accounts Payable Phone \_\_\_\_\_

Business email \_\_\_\_\_ Accounts Payable email \_\_\_\_\_

Bank Name & Branch	Contact Name	Business Checking Account #

Name and Home Addresses of Officers, Partners, Owners or other Responsible Parties

Full Name	Title	Home Address	Phone Number

List six (6) Principle Suppliers with whom you have maintained credit for a minimum of one year

Full Name	Fax Number	Phone Number

Please attach a most recent copy of your company financial statements.

Read before signing: I/We hereby agree to the terms, net 30 days unless otherwise stated. In the event of collection, customer agrees to pay all costs and attorney fees. Any balance over 30 days will be subject to a service charge of 1-1/2% per month (18% per annum),



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SIIGNATURE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_