



800.576.2000

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CREDIT APPLICATION

Today's Date:		Your Company Telephone No.:	
Company Name:		Kind of business:	
Street Address:			
City	County	State	Zip
Person to contact:		Title:	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Date Incorporated:	State Incorporated:
Company Federal ID No.:		Dun & Bradstreet ID No.:	
Name of owner or officer and title:			
Home address:			
Social Security No.:		Drivers' License No.:	
Business location:	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> lease	At this location since:	
Landlord, Lessor or Mortgagee:			
Address:			
Contact:		Telephone No.:	
Bank Name:			
Branch address:			
Officer:		Telephone No.:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD Account No. _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD Account No. _____			
Trade References (please list at least 3): list additional on reverse			
Name _____		Contact _____	
Address _____		Phone _____	
Account No _____		How long _____	
Name _____		Contact _____	
Address _____		Phone _____	
Account No _____		How long _____	
Name _____		Contact _____	
Address _____		Phone _____	
Account No _____		How long _____	
I would like to apply for a credit line with Dencom Systems, Inc. in the amount of \$ _____.			
Signed _____		Title _____	

I warrant that the above information is true and correct and authorize Dencom to contact the above persons and/or companies for the purpose of obtaining credit information. I understand that invoices are due on presentation and comply with Dencom's Credit Policy. I agree to pay a Finance Charge at the rate of 11/2% per month (\$5 minimum Finance Charge) on all balances over 30 days from date of invoice and to pay all costs of collection, including attorney fees. I understand and agree that Dencom's services may be suspended if our account is not current.