

DesignMasterAssociates

I N C O R P O R A T E D

Thank you for your order!

In order to extend billing privileges to you, we require a credit application and listing of references to be submitted for processing. A copy of your most recent financial statement is required for all accounts which will exceed \$10,000. Please be assured this information will be held in strict confidence.

Legal Business Name _____

DBA _____

 Partnership Limited Partnership Proprietorship Corporation S-Corporation

Federal ID or SSN number _____

Type of Business _____ Date Started _____

Business Telephone _____ Home Telephone _____

Have you ever filed for bankruptcy? Yes No DUNS # _____

BILL TO:

Name _____

Address _____

City _____

State _____ Zip _____

SHIP TO: Same as bill to address

Name _____

Address _____

City _____

State _____ Zip _____

SALES CONTACT:

Name _____

Title _____

Telephone _____

Fax _____

E-mail _____

ACCOUNTS PAYABLE CONTACT:

Name _____

Title _____

Telephone _____

Fax _____

E-mail _____

Terms and Conditions. Terms will only be extended after a favorable review of your credit history. Pricing does not include shipping and handling charges. Reorders cannot be sent until all previous orders have been paid in full. Continuation of credit terms is contingent on keeping your account current. We reserve the right at any time to change or withdraw credit terms and/or suspend shipments to you. As the applicant for credit with Design Master Associates Inc. and by signing below, you agree to provide a copy of your annual financial statements if requested and you give your permission to all credit references listed on Page 2 of this application to re-lease information pertaining to your account with them. By signing below the applicant also agrees that all purchases will be paid according to terms, and they are a duly authorized representative of their organization. Past due balances will incur a monthly 1.5% finance charge and you are responsible for fees incurred as a result of your delinquent account being turned over to our collection agency or attorney.

Printed Signature _____ Title _____

Authorized Signature _____ Date _____

THIS APPLICATION MUST BE SIGNED

CREDIT REFERENCES

DesignMasterAssociates

INCORPORATED

BANK:

Bank Name _____

First Account Number _____ Second Account Number _____

Address _____

City _____ State _____ Zip _____

Contact _____ Title _____

Telephone _____ Fax _____ E-mail _____

FIRST MAJOR SUPPLIER:

Business Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Title _____

Telephone _____ Fax _____ E-mail _____

SECOND MAJOR SUPPLIER:

Business Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Title _____

Telephone _____ Fax _____ E-mail _____

THIRD MAJOR SUPPLIER:

Business Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Title _____

Telephone _____ Fax _____ E-mail _____