

Dimensional Products, Inc.

PO Box 975

Reisterstown, MD 21136-0975

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

Email:

Mailing address:

City:

State:

ZIP Code:

Date business commenced:

Federal ID No. (FEIN):

Sole proprietorship:

Partnership:

Corporation:

Other:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Savings _____ Checking _____ Other_____

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Dimensional Products, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: