

**Dimensional Products, Inc.**  
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## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

**Company Name:**

**Credit amount request:**

**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:**

Submit this application by email to: [accounts@dpihighwaysystems.com](mailto:accounts@dpihighwaysystems.com) or fax to Cathy Wolfson at 410.861-8655  
 All information submitted to be considered strictly confidential. We respect your privacy.