



Credit Application

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Is a Purchase Order Required? _____

To whose attention should invoices be sent? _____

Is your Company Taxable? _____ If not, Please attach a signed certificate and list your tax exempt or reseller number: _____

Bank References (please list name, phone number and address of your financial Institution)

Trade References (please list name, address, phone number, and account number of three references. Do not list credit card accounts.)

Our terms are 1% 10 Net 30 days. Accounts not paid in this time frame will be placed on credit hold and all future orders will be on a COD basis until the account is current. A/P inquiries should be directed to jayne@directtargetproducts.com.

Print Name: _____ Title: _____

Signed by: _____ Date: _____