



CUSTOMER CREDIT APPLICATION

In order to avoid being taxed, please send your Tax Resale Certificate

Please Remit Back To: Fax 800-475-2279

Date: / /

ATTN:

	X Type of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership EIN No. _____ - _____
Company Name	Type Of Business (Major Activity):
Street Address	<input type="checkbox"/> Power Generation <input type="checkbox"/> Industrial <input type="checkbox"/> Marine <input type="checkbox"/> Automotive
City State Zip	Web Page _____
Phone: ()	Email Address _____
Fax: ()	Name of Parent Company _____
	Relationship To Parent <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Branch

X Officers or Owners	Title	X Accounts Payable Contact
		Approximate amount of initial order:
		<input type="checkbox"/> 0 - \$1,000 <input type="checkbox"/> \$1,000 - \$5,000 <input type="checkbox"/> \$5,001 - \$10,000+

Credit References:

Company _____ Name of Contact _____ Fax Number _____ Phone Number _____ Account # (if known) _____ Street Address _____ City, State, Zip _____	Company _____ Name of Contact _____ Fax Number _____ Phone Number _____ Account # (if known) _____ Street Address _____ City, State, Zip _____
Company _____ Name of Contact _____ Fax Number _____ Phone Number _____ Account # (if known) _____ Street Address _____ City, State, Zip _____	Bank Reference: Bank Name _____ Contact _____ Fax Number _____ Phone Number _____ Account # _____ Street Address _____ City, State, Zip _____

X _____

Authorized Signature For Release Of Credit Information

Date

DSC Internal office use only			
Date : _____	Acct# _____	Taxable: [] Yes [] No	
Terms: _____	Credit Line: _____	Approved By: _____	