



48501 Milmont Drive □ Fremont, CA 94538 □ Ph: (650) 969-8811 □ Fx: (650) 965-0764

# CREDIT APPLICATION FOR NEW ACCOUNTS

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Officers/Partners: \_\_\_\_\_

Start Date of Business: \_\_\_\_\_ Form of Business:  Corporation

Time at Present Location: \_\_\_\_\_ (Please check one)  Partnership

Annual Sales: \_\_\_\_\_  Individual

No. of Employees: \_\_\_\_\_ Corporate Number: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

### **BANK REFERENCE**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Account Number: \_\_\_\_\_

### **THREE (3) USA BASED TRADE REFERENCES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Account Number: \_\_\_\_\_ (if available)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Account Number: \_\_\_\_\_ (if available)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Account Number: \_\_\_\_\_ (if available)

I authorize Duniway Stockroom Corp to inquire about \_\_\_\_\_ credit worthiness from the references supplied on this  
(Company Name)  
application. I understand that submitting an application for credit does not guarantee an extension of credit with Duniway Stockroom.  
I acknowledge that the terms of a credit account with Duniway Stockroom are determined by Duniway Stockroom and cannot be altered or changed  
without the written consent of Duniway Stockroom. Failure to submit payment when due, may cause my account to revert to a C.O.D. account, as well as  
incur late fees. I understand that any reasonable costs associated with collection of a debt owed by \_\_\_\_\_ ,  
(Company Name)  
including but not limited to court costs and attorney fees, will be my responsibility.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date