

# DISTRIBUTION INTERNATIONAL

FAX COMPLETED FORM TO:

Fax 410-771-3233

Phone 410-785-4848

Email: credit.dept@distributionintl.com

## CONFIDENTIAL CREDIT APPLICATION

PLEASE TYPE OR PRINT CLEARLY

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ SHIPPING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # ( ) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

TYPE OF BUSINESS (in detail) \_\_\_\_\_

TYPE OF ENTITY: Corporation \_\_\_\_\_ YEAR ESTABLISHED \_\_\_\_\_  
Partnership \_\_\_\_\_ TAX EXEMPT? YES \_\_\_ NO \_\_\_ / Tax Rate: State \_\_\_\_, County \_\_\_\_, City \_\_\_\_  
Individual \_\_\_\_\_ If yes, please attach a copy of the tax certificate.  
LLC \_\_\_\_\_ WEB SITE: \_\_\_\_\_

DUN & BRADSTREET # \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

OFFICERS:

NAME ADDRESS TITLE

NAME ADDRESS TITLE

NAME ADDRESS TITLE

PURCHASING AGENT \_\_\_\_\_ A/P \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ESTIMATED MONTHLY PURCHASE AMOUNT? \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_

### CREDIT REFERENCES (Please complete IN FULL)

1) \_\_\_\_\_ account # \_\_\_\_\_  
company name  
street address city state zip  
( ) ( )  
AREA CODE TELEPHONE # AREA CODE FAX #

2) \_\_\_\_\_ account # \_\_\_\_\_  
company name  
street address city state zip  
( ) ( )  
AREA CODE TELEPHONE # AREA CODE FAX #

3) \_\_\_\_\_ account # \_\_\_\_\_  
company name  
street address city state zip  
( ) ( )  
AREA CODE TELEPHONE # AREA CODE FAX #

4) \_\_\_\_\_ account # \_\_\_\_\_  
company name  
street address city state zip  
( ) ( )  
AREA CODE TELEPHONE # AREA CODE FAX #

**BANK REFERENCES**

1) \_\_\_\_\_  
bank name account #

street address city state zip  
(\_\_\_\_) \_\_\_\_\_  
area code telephone

1) \_\_\_\_\_  
bank name account #

street address city state zip  
(\_\_\_\_) \_\_\_\_\_  
area code telephone

**FAXED COPY TO SERVE AS ORIGINAL**

**TERMS AND CONDITIONS OF SALE**

- 1) This application for credit is being made to Distribution International Southwest, Inc. and/or BWI Distribution, Inc., dba: Distribution International, (hereinafter either company is called "Distribution International").
- 2) Our terms are net 30 days from date of invoice. Finance charges are assessed on past due account balances.
- 3) Product returns must be authorized. The customer is responsible for all return freight charges and a 15% stocking charge may be assessed on returned merchandise.
- 4) If account is referred to an attorney or agency in order to effect collection I (we) agree to pay all costs of collection including attorney or collection agency fees of 15% on both the principal and interest charged and court costs.
- 5) The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing business or has done any type of business to give any and all necessary information to the creditor which will assist the creditor in the credit investigation.
- 6) Distribution International retains the right to deny credit to any applicant whenever necessary.
- 7) If the applicant is a corporation, the person signing the application on the behalf of the applicant warrants that he/she is authorized to do so. If the applicant is not a corporation at the time of this application and subsequently incorporates his business, with or without the knowledge of Distribution International the applicant agrees to be jointly and severally liable for any indebtedness incurred by or transferred to such corporation.

Signature	Title	Date
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7) The undersigned, in consideration of the extension of credit to the applicant company in which he/she is an officer and/or maintains ownership interest hereby agrees to be personally liable for all purchases made on behalf of the applicant company, and by his/her signature hereon, hereby unconditionally guarantees payment. An initial credit limit will be established by Distribution International. This guaranty specifically covers purchases by applicant's company whether or not they exceed any credit limit which has been established.

Name of Owner/CFO (print)	Signature	date
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Name of Owner/CFO (print)	Signature	date
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**SALES OFFICE USE ONLY**

**CREDIT DEPARTMENT USE ONLY**

SALES REP. IN: \_\_\_\_\_ ORDER PENDING: \$ \_\_\_\_\_

SALES REP. OUT: \_\_\_\_\_ NEW ACCOUNT \_\_\_\_\_

DATE \_\_\_\_\_ UPDATE ACCT. # \_\_\_\_\_

WHSE \_\_\_\_\_ CONVERT CASH ACCOUNT # \_\_\_\_\_

C/T \_\_\_\_\_

APPROVED \_\_\_\_\_

PL \_\_\_\_\_

LIMIT \_\_\_\_\_

A/R SPEC \_\_\_\_\_