



Customer Credit Application

\$ _____
Credit Limit Requested (Required Field) Application Date

Company Information

Legal Company Name

DBA Name _____
Division or Subsidiary of

Street Address _____
City

State/Province Zip/Postal Code Country Main Phone Main Fax

Billing Address (Street or P.O. Box)

City State/Province Zip/Postal Code Country

Shipping Address #1 (No P.O. Box)

State/Province Zip/Postal Code Country Direct Phone Direct Fax

Shipping Address #2 (No P.O. Box)

State/Province Zip/Postal Code Country Direct Phone Direct Fax

Shipping Address #3 (No P.O. Box)

State/Province Zip/Postal Code Country Direct Phone Direct Fax

Controller _____
Controller Phone Controller Fax Controller E-mail

A/P Contact _____
A/P Phone A/P Fax A/P E-mail

Business Profile

Organized as: Corporation Proprietorship Partnership LLC

Date Business was Established _____
Under Law of (State/Province/Country)

EIN# _____
D&B Rating

Owners (If applicant is proprietorship or partnership) Officers (If Corporation)			
Name	Title	Address	Home Phone #

Bank References

Bank Name		Branch		
Street Address		City		
State/Province	Zip/Postal Code	Country	Direct Phone	Direct Fax

Fax attachment 'A' into your Bank Officer on your company letterhead.

Trade References

Company Name	Direct Phone	Direct Fax
Company Name	Direct Phone	Direct Fax
Company Name	Direct Phone	Direct Fax

Fax attachment 'B' into your trade references on your company letterhead. If you have a standard list of Credit References please Attach / Fax them in with this completed form.

Carrier Routing Instructions Unless otherwise specified below, all shipments under 150 lbs. (68 Kilos) will ship via UPS ground service.

For shipments weighting between 1-150 lbs. (68 Kilos), please specify carrier (Optional - See Above)

Carrier	Service Level	Phone Number
Carrier	Service Level	Phone Number

Terms and Conditions

We make the foregoing confidential application for credit in writing, intending that you should rely upon it for the purpose of our company obtaining products and services from you on account and for ascertaining that our financial condition is satisfactory and we can meet and pay all invoices according to your terms. We also accept and understand DieKast Incorporated or its subsidiaries rights to charge the maximum allowable interest per month on any accounts not paid within terms. Waiver of any one or more interest charges shall not be deemed to be a waiver of future interest charges. In the event that DieKast Incorporated or its subsidiaries commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, the Applicant agrees to pay reasonable attorney's fees in addition to all other sums due. The undersigned warrants that the above agreement has been read carefully and that the Applicant understand the same.

Applicant certifies that this application is submitted for the purposes of obtaining "business credit" (as that is defined under Section 202.2(g) of the Equal Credit Opportunity Act).

Applicant authorizes DieKast Incorporated and its subsidiaries to obtain credit and financial information concerning the Applicant at any time, from any source.

Company	
Authorized Signature (Required Field)	Title
Printed Name	Date

**To expedite processing, please fax completed form to (866)343-5278.
Original copies must still be mailed to: DieKast, Inc; P.O. Box 759; Douglas, MI 49406**

Date:

Company Account Name:

Bank Account Number:

Subject: COMPANY BANK INQUIRY

Dear (Loan Officer):

Our company has recently applied to DieKast Incorporated for a credit line and listed your bank as a credit reference. Please supply DieKast Incorporated (DieKast) with credit information on our company as soon as possible as we have an order pending that needs to be shipped.

Please supply DieKast with the following information about our company account:

Date Account Opened:

Average Daily Balance:

Amount of Bank Credit Available (if any):

Total Dollar of Business Accounts:

Please fax this information back to DieKast using your company letterhead. Fax it to:

DieKast Incorporated

Attn: Joe Dukic

(866)343-5278

If you have any questions regarding this request, please feel free to contact me @ _____ or Joe Dukic @ (866)343-5278 ext 706

Sincerely,

Date:

Company Account Name:

Subject: COMPANY CREDIT INQUIRY

Our company has recently applied to DieKast Incorporated for a credit line and listed your company as a credit reference. Please supply DieKast Incorporated (DieKast) with credit information on our company as soon as possible as we have an order pending that needs to be shipped.

Please supply DieKast with the following information about our company account:

Date Account Opened:

Highest Credit Available:

Your payment terms and our average time to pay:

Date of last delinquent payment (If applicable):

Please fax this information back to DieKast using your company letterhead. Fax it to:

DieKast Incorporated

Attn: Joe Dukic

(866)343-5278

If you have any questions regarding this request, please feel free to contact me @ (your number) or Joe Dukic @ (866)343-5278 ext 706.

Sincerely,