

APPLICATION FOR CREDIT

Diversified Silicone (562) 404-8942 – Fax (562) 404-1323

Company Information:

Name of Company

Type of Organization

Billing Address

State and Year Established

City, State, Zip

Sales Tax ID

Resale #

Telephone

Fax

President

Web Address

Accounting Contact and Phone Number

Contact E-Mail Address

Trade References

Name of Company

Contact and E-mail Address

Address

Telephone

Fax

Name of Company

Contact and E-mail Address

Address

Telephone

Fax

Name of Company

Contact and E-mail Address

Address

Telephone

Fax

Company Credit Card Information

___ **MC** ___ **VISA**

Cardholder's Name

Credit Card Billing Address

____ - ____ - ____ - ____
CC Number

Verification Code

Expiration Date: ____ (Mo) / ____ (Yr)

I/We certify the above information is true and correct, and that I/ We can and will comply with your payment terms, net 30 days. I/We agree to pay finance charges on all balances unpaid after 30 days from the invoice date at 2% per month (24% annually). DSP will extend a 15 grace period before finance charges are assessed. In addition, I/WE agree to authorize my credit card on file to be charged if necessary to comply with terms. I/We agree to pay court cost, and or any reasonable attorney cost, or both, if collective action is necessary.

NAME (print) _____ TITLE _____

SIGNATURE _____ DATE _____