



CUSTOMER APPLICATION

BUSINESS INFORMATION	
NAME OF BUSINESS	MAILING ADDRESS
PHONE	CITY, STATE, ZIP
FAX	DELIVERY ADDRESS (if Different)
E-MAIL (Very Important)	CITY, STATE, ZIP
IN BUSINESS SINCE	BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY <input type="checkbox"/> PARENT COMPANY: _____
NUMBER OF EMPLOYEES	
CREDIT REQUESTED	

COMPANY OFFICIALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME	TITLE	HOME ADDRESS	HOME PHONE
NAME	TITLE	HOME ADDRESS	HOME PHONE
NAME	TITLE	HOME ADDRESS	HOME PHONE
ACCOUNTING:		E-MAIL (Very Important)	PHONE #'s (Extension, Cell, Other):

REFERENCES			
BANK	ACCOUNT #	ADDRESS	PHONE
VENDOR	ACCOUNT SINCE	ADDRESS	PHONE
VENDOR	ACCOUNT SINCE	ADDRESS	PHONE
VENDOR	ACCOUNT SINCE	ADDRESS	PHONE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY		
<small>I HEREBY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS CORRECT. THE INFORMATION INCLUDED IN THIS CREDIT APPLICATION IS USED BY D-53, INC./DEPOT 53 IN DETERMINING THE AMOUNT AND CONDITIONS OF CREDIT TO BE EXTENDED. I UNDERSTAND THAT D-53, INC./DEPOT 53 MAY ALSO UTILIZE THE OTHER SOURCES OF CREDIT INFORMATION, WHICH IT CONSIDERS NECESSARY IN MAKING THIS DETERMINATION. FURTHER, I HEREBY AUTHORIZE THE BANK AND TRADE REFERENCES LISTED ON THIS CREDIT APPLICATION TO RELEASE THE INFORMATION NECESSARY TO ASSIST D-53, INC./DEPOT 53 IN ESTABLISHING A LINE OF CREDIT.</small>		
SIGNATURE	TITLE	DATE

Initial orders from new accounts will not be filled unless all requested information in this Customer Application Package is completed and returned to D-53, Inc. 72 hours prior to purchase.



CREDIT CHECK AUTHORIZATION

I authorize release of information on the below listed company released to D-53, Inc./Depot 53 for the purposes of verifying credit and payment history.

NAME _____

COMPANY _____

ADDRESS _____

CITY

STATE

ZIP

PHONE _____

SIGNATURE _____

DATE

CREDIT HISTORY

DATE ACCOUNT ESTABLISHED _____

YOUR TERMS _____

CREDIT LIMIT _____

RECENT HIGH CREDIT _____

CURRENT BALANCE _____

PAST DUE BALANCE _____

PAYMENT HISTORY

_____ Takes Discounts

_____ Prompt

_____ With-in Terms

_____ Slow (by an average of (x) _____ days)

HOW WOULD YOU RATE THIS CUSTOMER? _____

YOUR NAME _____

DATE



CREDIT CARD AUTHORIZATION & GUARANTEE

NAME _____

COMPANY _____

ADDRESS _____

_____ CITY STATE ZIP

PHONE _____

D-53, Inc./Depot 53 Accepts - Visa, Master Card & American Express

Cardholder Information - Name and billing address for card

Visa Master Card American Express Discover

ACCOUNT # _____

_____ EXPIRATION DATE CARD SECURITY NUMBER

NAME _____

COMPANY _____

ADDRESS _____

_____ CITY STATE ZIP

PHONE _____

SIGNATURE _____

DATE

I authorized D-53, Inc./Depot 53 to use this credit, or purchase card to cover charges on my account on a revolving basis.