



New Dealer Account Credit Application

Company Information

Company Name: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Banking Reference

Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Account Number: _____

Business Checking Personal Checking

Will your purchase be tax exempt? Yes No

If yes, please check reason:

For Resale Tax-Exempt Status

D&B Number: _____

Year Started: _____

Type of Ownership: _____

Type of Business: _____

Owner of Bank Acct Signature: _____

Company References

Please provide 3 references:

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

**I/we the undersigned, authorize Didax or its duly appointed representatives to contact the firms and/or bank list on this application for the sole purpose of establishing a basis from which credit may be extended to the business which I/We represent. In establishing my company as an outlet for Didax, I/We the undersigned also agree to pay any and all attorney and/or collection costs incurred as a result of delinquency or default of payment.*

Signature: _____

Title: _____ Date: _____