



New Account Credit Application

Company Information

Company Name _____
DBA _____
Address _____
City _____ State _____ Zip _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Banking Reference

Bank Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
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 _____

Company References

Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account Number _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account Number _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account Number _____

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 _____