Credit Application

D&M Salesman: _____

Business Name: _____

Complete Mailing Address: _____

_____

Complete Shipping Address: _____

_____

Telephone Number: _____ Fax Number: _____

Email Address for credit contact: _____

Type of Ownership: ☐Corporation ☐Partnership ☐Sole Proprietorship ☐LLC

If Corporation – Officers names, respective offices held & address:

If Partnership – Partners names & addresses:

If Proprietorship – Proprietor name & address:

_____

_____

_____

If a Division or Subsidiary, Parent Firm is:

_____

Amount of Credit Requested: $_____

Yearly Sales $_____ Total Assets $_____

Yearly Sales Parent Firm (if applicable) $_____

Total Assets Parent Firm (if applicable) $_____

- We reserve the right to receive Financial Statements for your last four (4) fiscal years. You may elect to include these Financial Statements with this completed credit application.
- We also reserve the right to periodically request updated credit information so we may maintain a current credit file for your business.
- SALES & USE TAX EXEMPTION FORM: (Please note: As a wholesaler we are required to have this form on record. If you are exempt, please return this with your application)

BANK REFERENCE:

Name: _____

Address1: _____

Address2: _____ Telephone: _____

Business Bank Account Number(s): _____

_____

Contact Person: _____ Fax: _____

Email Address: _____

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CREDIT REFERENCES:

1. Company:
Address:

Email:
Phone #:
Fax #:

2. Company:
Address:

Email:
Phone #:
Fax #:

3. Company:
Address:

Email:
Phone #:
Fax #:

3. Company:
Address:

Email:
Phone #:
Fax #:

How long has your business been operating?
How long has your business been incorporated?

Have any of the following declared bankruptcy in the last 14 years? OFFICIERS, PARTNERS, OR PROPRIETOR? If so, who, where, and what year?

_____

Everything that we have stated in this application is correct to the best of our knowledge. We understand that you will retain this application whether or not it is approved. You are authorized to check any and all pertinent credit data to assist you in the processing of this application.

ALL PAYMENTS ON CREDIT ARE DUE 30 DAYS AFTER DATE OF SHIPMENT. Accounts not paid with 31 days of date of invoice, will be subject to a service charge of 1.5% per month, which is equal to an annual percentage rate of 18% per year. Invoices consistently over due may initiate change in credit status. Payments made by credit card will be subject to a 3% surcharge.

I (WE) HEREBY REQUEST CREDIT WITH D&M INDUSTRIES, INC., AND AGREE TO THEIR CREDIT TERMS. I (WE) ALSO AGREE TO PAY ATTORNEY'S FEES IN THE EVENT THAT LEGAL ACTION IS NECESSARY FOR COLLECTION. THE UNDERSIGNED PARTY HEREBY AGREES THAT HE (SHE) SHALL ASSUME PERSONAL LIABILITY IN THE EVENT OF UNSATISFIED DEBT.

Name

Date

4205 30th Ave. S. Moorhead, MN 56560
(218) 287-3100 | (800) 437-4305
Fax: (218) 287-2581
www.WeSellDoors.com

Credit Application

BANK: REF:

ACCT #
ACCT #

TO WHOM IT MAY CONCERN:

THE FOLLOWING PERSON HAS GIVEN YOUR BANK AS THE BANK REFERENCE FOR THEIR ABOVE REFERENCED COMPANY, AS WELL AS AUTHORIZING AND REQUESTING YOU TO PROVIDE INFORMATION BELOW.

Signature	Title	Date

WE WILL APPRECIATE YOUR ASSISTANCE IN SHARING INFORMATION IN THE AREAS OUTLINED BELOW. BE ASSURED THIS INFORMATION IS REQUESTED ONLY FOR THE PURPOSE OF EXTENDING TRADE CREDIT AND WILL BE HANDLED IN A CONFIDENTIAL AND PROFESSIONAL MANNER.

Respectfully,
D&M Industries, Inc.
Emily Wegenast
Credit Manager

Bookkeeping Department:

Date Account Opened _____
Current Balance $_____
Average Balance $_____

_____
Signature

_____
Position / Title

_____
Date

Credit Department:

Date Credit Opened _____
Current Outstanding $_____
Average Balance $ _____

_____
Signature

_____
Position / Title

_____
Date

Return Completed Application To:

D&M Industries
Attn: Emily Wegenast
emily.wegenast@WeSellDoors.com

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