



# DORFMAN MILANO

Stockton, CA Phone (800) 367-3626

Garland, TX Phone (800)325-4287

Fax (888) 221-8779

Email: credit@dorfmanmilano.com

## CREDIT APPLICATION FORM

### Business Information

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date Established: \_\_\_\_\_ D & B: \_\_\_\_\_ Resale Card #: \_\_\_\_\_ (Provide copy of resale certificate)

Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

A/P Contact Name: \_\_\_\_\_

A/P Telephone: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank Information

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account # \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Terms Requested \_\_\_\_\_ COD \_\_\_\_\_ Credit Card \_\_\_\_\_ Net 30 \_\_\_\_\_ Credit Limit Requested \$: \_\_\_\_\_

It is deemed that all sales originate in Stockton, California. You are hereby authorized to obtain any information you consider necessary concerning this application. The undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my account with interest computed at 1½% per month (18% per annum) on any past due amount. If it becomes necessary for your company to incur collection costs for any amount due under this agreement, the undersigned agrees to pay all collection costs including attorney fees. I declare the information contained in this application to be true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Below for Dorfman Milano Company Use Only

Sales Representative: \_\_\_\_\_ Account # \_\_\_\_\_ D & B Rating: \_\_\_\_\_