

CREDIT APPLICATION

D'loren-Rasco Corporation
10530 NW 26 Street, F102
Doral, FL 33172 U.S.A.

Phone: (305) 471-7670
Fax: (305) 594-9035
e-mail: sales@dloren-rasco.com
www.dloren-rasco.com

Company Name: _____
Address: _____
City: _____ State _____ Country _____ Postal Code _____
Phone Number (____) _____ Fax Number (____) _____ Email: _____
Contact Name: _____ Title: _____ Federal Tax #: _____
Type of Business _____ Years in Business: _____ Tax Exempt Cert. # _____

CREDIT REFERENCES:

#1) _____ Account # _____
_____ Phone: _____
Contact Name: _____ Fax: _____

#2) _____ Account # _____
_____ Phone: _____
Contact Name: _____ Fax: _____

#3) _____ Account # _____
_____ Phone: _____
Contact Name: _____ Fax: _____

BANK INFORMATION:

Bank Name: _____ Account # _____
Savings () Checking () Other, please specify () Phone: _____
Fax: _____

I/We authorize D'loren-Rasco to investigate our credit history, bank references, audited financial statements, management reports, and any information deemed necessary to extend credit.

If credit is granted, I/We understand that the terms of the sale are net 30 days from date of invoice. In consideration of D'loren-Rasco extending credit to the above business, I/We do hereby agree jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees and court costs.

Your signature below affirms and guarantees that record keeping will be maintained as well as provides authorization to investigate your credit history and agreement with all above listed terms.

Authorized Signature _____ **Date** _____
Please Print Name _____

Office Use Only:	
Sales Specialist _____	Open Line of Credit Requested _____
Authorization to process credit application _____	Marketing/Sales Manager _____
Customer # _____	Credit Limit Granted _____
Approval of Credit Limit _____	Date _____
Controller	