



www.dekorraproducts.com

Credit Application

App. Date _____

Company: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Shipping Address: _____

City/State/Zip: _____

Billing Address: _____

City/State/Zip: _____

Number of Locations: _____

County: _____

Check/Complete one of the following:

- A. Corporation Federal Tax Identification #:
- B. Partnership: Social Security #:
- C. Proprietorship:

Principals or Officers:

Name	Name
1	2

Bank References:

Name	Account#	Contact	Telephone #
1			
2			

Trade References:

Name	Address	City, State, Zip	Telephone #
1			
2			
3			

THE APPLICANT AGREES THAT IN THE EVENT THAT IT RECEIVES DEKORRA PRODUCTS, LLC PRODUCTS OR SERVICES ON OPEN ACCOUNT, FINANCE CHARGES ON PAST DUE ACCOUNTS WILL BE 1- 1/2% PER MONTH, WHICH IS EQUAL TO 18% PER YEAR. FURTHER, IN THE EVENT THAT A SUIT IS BROUGHT TO COLLECT THIS ACCOUNT, PURCHASER, PERSONALLY PROMISES TO PAY REASONABLE ATTORNEY FEES AND COSTS. THE UNDERSIGNED GRANTS PERMISSION TO DEKORRA PRODUCTS, LLC TO OBTAIN FROM ANY SOURCE ANY INFORMATION CONCERNING APPLICANT AND AGREES TO PROVIDE FINANCIAL STATEMENTS OR OTHER SUPPORTING DATA REQUIRED. I/WE (PERSONALLY/SEVERALLY) PROMISE TO PAY FOR ALL INDEBTNESS WE OWE DEKORRA PRODUCTS, LLC. I/WE ALSO AGREE TO PAY A 15% RESTOCKING CHARGE THAT DEKORRA PRODUCTS, LLC MAY ASSESS FOR RETURNING MATERIALS.

Signature of Applicant with Title _____

Date _____

NOTE: APPLICATION FOR OPEN ACCOUNT TERMS WILL NOT BE APPROVED UNLESS THIS DOCUMENT IS SIGNED BY A CORPORATE OFFICE, PARTNER, OR PROPRIETOR.