DME INCORPORATED

14001 Marquardt Avenue - Santa Fe Springs, CA 90670

(562) 921-0464 - FAX: (562) 802-7489

TO:	FAX #:			FROM:		
APPLICATION FOR CREDIT						
Firm Name:				Date:		
Address:	City:		S	state:	Zip:	
Proprietor or Partners Names:			T	elephone		
			Year Established:			
Type of Business:			Presei	nt Location	Since:	
Is Business Incorporated? If so, under laws of what State?						
Trade References:						
Company Name:		Company Na	ame:			
Address:		Address:				
City, State, Zip:		City, State, Zip:				
Telephone:		Telephone:				
Fax:		Fax:				
Company Name		Company No				
Company Name:		Company Name: Address:				
Address:						
City, State, Zip: Telephone:		City, State, Zip: Telephone:				
Fax:		Fax:				
		ı ax.				
Bank References:						
Bank Name:		Telephone:				
Address:		Fax:				
City, State, Zip:		Account #				
		Officer:				
Will Purchases be Taxable or Resale? Ta	ıxable	Resale				
Basis on which you usually pay bills? 30 Days		60 Days	90 Da	ays	Other	
Accounts Payable Contact:	unts Payable Contact: Controller Name:					
Signed:	Title:			Date	:	