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FINAL APPROVAL\_\_\_

APPROVAL DATE\_\_\_\_\_



DirectlineUSA Distributing 1408 Summit Ave. Suite #8 Plano TX 75074

Phone: 972-424-7900

## CREDIT APPLICATION

Corporate Name		Phone	No				
DBA Name		Websi	te/Email	I			
Street Address	City			State	Zip		
Franchises		Fran	chise De	aler Number			
Resale Number	erFax Number						
Γype of Ownership:	Sole Proprietorship	Proprietorship Partnership			LLC		
Year Business established	How long have you	ı owned the business		At present location since			
Federal ID #		State Corporate ID	#				
Owner's Name	Owner's Social Security #						
Owner's Home Address	City	State	Zip _	Home Phone #			
Owner's Name		Owner's Social Secu	rity#				
Owner's Home Address	City	State	Zip _	Home Phone #			
Name of Bank				Account Number			
Address				Account Number			
City	State	Zip		_ Contact Name			
Phone Number	Fax Num	ber					
	FI	NANCIAL IN	IFOI	RMATION			
Bank Name:	k Name: Checking Acct. No:						
Address:			Te	elephone No:			

## TRADE SUPPLIERS

Account No: Phone No:	1			
Street /city/state/ zip code  Account No: Phone No:	street /city/s	tate/ zip code		
Account No: Phone No:	Account No:	Phone No: _		
Account No: Phone No:	2street /city/s	tate/ zin code		
Street/city/state/zip code  Account No:	succe /elly/s			
Account No: Phone No:	Account No:	Phone No: _		
Owner's Signature:Name (Print):Title:	3street/city/st	ate/zip code		
Cartner's Signature:	Account No:	Phone No: _		
In consideration of the granting of credit to the above named Company, the undersigned, jointly and burchases made by said Company, and agree to be bound by all of the Terms set forth below.  Dwner's Signature:  Partner's Signature:  Name (Print):  Home Address:  State of:  Country of:  Date:  Date:  , 200	Owner's Signature:	Name (Print):	Title:	
In consideration of the granting of credit to the above named Company, the undersigned, jointly and purchases made by said Company, and agree to be bound by all of the Terms set forth below.  Dwner's Signature:  Partner's Signature:  Name (Print):  Home Address:  Home Address:  State of:  Country of:  Date:  Date:  , 200	Partner's Signature:	Name (Print):	Title:	
Durchases made by said Company, and agree to be bound by all of the Terms set forth below.  Dwner's Signature: Name (Print):  Partner's Signature: Name (Print):  Partner's Signature: Name (Print):			Guarantee	
Name (Print):				
Partner's Signature: Name (Print):	Owner's Signature:	Name (Print):		
Home Address: Country of : Date:, 200	Home Address:			
State of : Date:, 200	Partner's Signature:	Name (Print):		
	Home Address:			
Then personally appeared the above named	State of :Cou	ntry of : Date	e:	200
	Then personally appeared the above	named		

I (we) hereby certify the statements in this application for open account credit are true and complete. I (we) agree to pay all bills when same become due or payable pursuant to the terms of sale. I (we) further agree to pay all carrying charges not to exceed  $1\,\frac{1}{2}\,$ % per month, on past due balance, if applicable, and all collection costs plus reasonable attorney's fees in the event action is commenced against the firm for non-payment. Further, I (we) personally guarantee and will be individually responsible for all debts incurred by the firm requesting credit herein and its representatives. I (we) grant security interest all inventory proceeds from inventory sold to us by DirectlineUSA Distributing and its divisions.

Please email this document to <a href="mailto:info@directlineusa.com">info@directlineusa.com</a> or you may fax to 972-424-7901 please mail original document to DirectlineUSA Distributing 925 J Place STE #451 Plano TX 75074