

FOR OFFICE USE ONLY:

REP # _____
APPROVED INITIALS: _____ DATE: _____
PAY TERMS SET: _____
CUSTOMER NUMBER: _____
CREDIT LIMIT SET: \$ _____



CREDIT APPLICATION

Please complete the information on this application and return to billing@dicarlo1.com or fax to: (410) 749-9323
If you prefer mail, send to: DiCarlo Precision Instrument • 2006 Northwood Drive, Salisbury, MD 21801 • ATTN: Billing

A)

Credit Limit Requested: \$ _____

Customer Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

General Information:

Phone #: _____ **Fax #:** _____ **Email:** _____

Website: _____

B)

Business Information:

Partnership **Individual** • **LLC**

Corporation **Year Incorporated** _____

Dun & Bradstreet # _____

Are you a division? _____

D.B.A. name: _____

Name of Parent Company (if subsidiary): _____

Address: _____

Federal I.D. No. _____

C)

Tax Exempt? YES or NO (If yes, attach copy)

Reseller? YES or NO (If yes, attach copy)

Certificate # _____

Exemption type/reason: _____

If your company is only tax-exempt for specific jobs, please explain when tax exemption may need to be applied...

D)

Accounts Payable Supervisor: _____

Phone: _____ **ext.:** _____ **Email:** _____

Accounts Payable Inquiries: Phone: _____ **Email:** _____

Are Purchase Orders Required? _____

E)

Ownership:

1. _____
Name(s) of Principal(s) Phone Number Email Address

2. _____

3. _____

F)

Bank References: IMPORTANT: PLEASE PROVIDE FAX AND ACCOUNT NUMBERS

BankName _____ Contact _____

Account Number _____ FAX Number _____

Email Address _____

Phone Number _____

G)

Credit References: IMPORTANT: PLEASE PROVIDE FAX/EMAIL AND ACCOUNT NUMBERS

1. Company Name _____

Contact _____ Account Number _____

FAX Number _____ **Email:** _____

Address _____ Phone Number _____

2. Company Name _____

Contact _____ Account Number _____

FAX Number _____ **Email:** _____

Address _____ Phone Number _____

3. Company Name _____
Contact _____ Account Number _____
FAX Number _____ **Email:** _____
Address _____ Phone Number _____

H)

Preferred Invoice delivery method:

(please select ONE method only. If email, please provide the email address in the line provided below.)

- **IN PERSON** (pick up invoices ONLY)
- **MAIL** (billing address)
- **EMAIL**
- **PORTAL**

Email Address for invoice delivery: _____

Payment Methods and Preferences:

(Please circle/highlight your company's preferred payment method)

- **ACH/EFT**
- **CHECK**

- **CREDIT CARD** (Payments may be subject to a 3% fee if exceeds \$1,500.00)

If credit card payment is preferred, would you like this credit card to be kept on file?: **YES** or **NO**

Any goods or merchandise purchased on a non-COD basis shall be construed as an extension of credit by DiCarlo Precision Instrument, Inc. for and in consideration of this extension of credit. Purchaser agrees to pay in full within thirty (30) days of the purchase date. If full payment is not made within thirty (30) days of the purchase date, a finance charge is computed by applying a 1.5 percent monthly periodic rate (18% annual percentage rate) to the unpaid balance. A default under the terms of this agreement shall be the Purchaser's failure to make payment of the unpaid balance within sixty (60) days of the date of purchase. In the event of default, all amounts due and owing, plus any unpaid finance charge, shall be immediately due and payable at our option without notice or demand. In such event, you, the Purchaser, agree to pay any costs of collection, including attorney's fees, associated with your indebtedness. Payments received are applied in the following order: (a) unpaid finance charge; (b) the net amount due and owing representing the purchase price.

All statements made herein are true and accurate. We authorize the above company to make all inquiries necessary for action on this credit application. We now indemnify the above company and its agent from any liability resulting from their credit survey.

Signature of
Officer/Principal _____ **Date** _____
(sign)

Name _____
(print)

Title _____

List of Authorized Buyers for this account: (if preferred)

Name: _____

Name: _____

Name: _____

