



DMIC Credit Application Form

Please Fill out this application Completely and return it to our accounts manager

Please Submit Application To:

Email: AR@DMIC.com
Fax: (716) 743-4370
Phone: (716) 743-4360

General Business Information (Complete all fields)			Type of Business:		
Legal Business Name			<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public Univ/Coll <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Private Univ/Coll <input type="checkbox"/> Other _____		
Business Name: _____			E-mail where invoices can be sent: _____		
Street Address: _____					
City: _____	State/Prov: _____	Zip: _____			
Phone #: _____	Fax #: _____				
Federal Tax ID #: _____	Dun&Bradst ID #: _____	DBA, if any _____	Credit Requested \$: _____		
Years in Business: _____	Sales tax exempt # _____	Are purchase orders used? _____			
Please list 4 trade references					
Name _____	Fax # _____	Name _____	Fax # _____		
Address _____		Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Contact _____	Phone # _____	Contact _____	Phone # _____		
Name _____	Fax # _____	Name _____	Fax # _____		
Address _____		Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Contact _____	Phone # _____	Contact _____	Phone # _____		
Bank References					
Institution Name: _____		Checking Account #: _____			
Address _____		City _____	State/Prov: _____	Zip Code _____	
Contact _____		Country _____			
Phone # _____		Fax # _____			

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed By: _____

Date: _____