

Dynamic Supply Inc. Credit Application

PHONE: 800-967-4030 FAX: 909-989-6906

ATTN: Accounts Receivable

Account Agreement

For the purpose of obtaining supplies/equipment from DYNAMIC SUPPLY INC., the following statements in writing are made knowing that DYNAMIC SUPPLY INC. is extending credit if approved on these statements. It is understood that the information supplied is confidential. The firm listed below agrees to inform DYNAMIC SUPPLY INC. of any major change in their financial status.

Company _____ Telephone# _____
Address _____ City _____ State _____ Zip _____

(Circle One): **Corporation** **Partnership** **Individual**

Individual or partnership, include full name(s), home address, and social security number(s) of owner(s). _____

Line of Credit Desired \$ _____ Date Business Started _____ Annual Sales \$ _____ Building Own / Rent

Bank References

Bank _____ Account# _____ Telephone# _____
Bank Address _____ City _____ State _____ Zip _____

Trade References (Please list only those that you transact business on an open account)

Name	Address	Telephone #	Account #
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

The following information and statements in this application are true and complete, and are made for the purpose of inducing you to establish an open account line-of-credit. You are hereby authorized to obtain any confirming information concerning the statements in this application.

By affixing signature below, the undersigned agrees to the following:

1. To pay all invoices when due.
2. To pay all delinquent invoices interest at the maximum lawful interest posted on invoice.
3. In the event of litigation for collection, Dynamic Supply shall be entitled to a reasonable cost and expenses incurred, including attorney fees.

Resale Certificate # _____ (please attach copy)

Firm Name _____

By (please print) _____ **Title** _____

Signature _____ **Date** _____