



## Credit Application and New Account Set-up Information

### General Information:

Date: \_\_\_\_\_

### Company Information:

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Name & Email Address: \_\_\_\_\_

Email Address for Order & Shipping Confirmations: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Line of Credit Required: \_\_\_\_\_

Taxpayer ID or SSN: \_\_\_\_\_

Type of Business: Sole Proprietorship\_\_\_\_ Partnership\_\_\_\_ Corporation\_\_\_\_ Sub-S Corporation\_\_\_\_

If your company is tax exempt please provide your tax exempt number \_\_\_\_\_ and fax in a copy of your exemption certificate with your credit application.

If credit is granted, company promises to pay bills within the Net 30 day credit terms extended.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Credit References:

Reference 1: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Reference 2: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Reference 3: Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Bank Reference: Bank Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Fax Completed Application to Direct Mop Sales, Inc. at 913-367-2095 or email application to [info@directmopsales.com](mailto:info@directmopsales.com) or mail to Direct Mop Sales, Inc. 2601 Industrial Road, Atchison KS 66002