DSA CREDIT APPLICATION

10681 WORLD TRADE BLVD. RALEIGH, NC 27617
OFFICE: 919-781-3200 FAX: 919-781-2380
www.dsadoors.com

BUSINESS CONTACT INFORMATION

☐ Sole proprietorship	☐ Partnership	☐ LimitedLiability Partnership (LLP)	☐ LimitedLiability Company (LLC)	☐ Corporation	☐ Other

CUSTOMER:		Date business commenced:			
BILL TO ADDRESS:		**SHIP TO ADDRESS:			
City	State ZIP	City	State	ZIP	
Phone	Fax	Phone	Fax		
Registered Agent:		Address:			
Description of Business:		Number of Locations:			
Federal Tax ID:		Website:			

OWNER/OFFICER INFORMATION

Name and Title	SSN#	STREET ADDRESS	CITY	STATE	ZIP

Accounts Payable Contact		Title	Email:
Phone (EXT):	Fax:	Form Held(Send Copy)	
Authorized Buyers:		Tax Exemption: All Purchases	By Purchase Order
Number:		Purchase Order Required? Yes	No

BANKING AND TRADE REFERENCES To: My Banking and Trade References: I am applying to establish an open account with The Door Store of America,Inc to make purchases as required. Please assist me by releasing the credit information they are requesting.

Printed Name		Signature	Title	Date
Bank:		Account #:		
Street	City	State	Zip	
Borrowing Relationship?	Yes	No	CONTACT:	

Trade References (Please type or print) References listed that are competitors will not be used.

1. Company:		Contact Name:		ACCT#:
Address		City	State	Zip
Phone	Fax	Email:		
2. Company:		Contact Name:		ACCT#:
Address		City	State	Zip
Phone	Fax	Email:		
3. Company:		Contact Name:		ACCT#:
Address		City	State	Zip
Phone	Fax	Email:		
4. Company:		Contact Name:		ACCT#:
Address		City	State	Zip
Phone	Fax	Email:		

We certify that the above information is TRUE and CORRECT. In the event an open account is established for our company, we agree to pay your invoices promptly when they are due and further agree, in the event of default of payment, to pay your attorneys' fees equal to 20% of the outstanding balance, plus costs of collection. Once any balance becomes past due, all outstanding invoices shall become immediately due. It is agreed that the laws of North Carolina shall apply to any questions arising out of our transacting business with you and that our open account credit privileges may be cancelled or altered at any time at our sole discretion. All business transactions will be in accordance with the payment terms listed below. It is also agreed that a monthly service charge of 1.5% will be assessed on all past due balances. It is acknowledged that the below signature(s) represents a corporate and personal guarantee to secure all credit extended to our company.

Payment Terms **Net 30 Days**

Signature	Printed Name	Title	Date
Signature	Printed Name	Title	Date

Please allow 2-4 weeks for processing. If necessary updated/amended conditions would be issued

DSA INTERNAL USE ONLY:

CustomerNO: _____ SSS:_____ CSS:_____ CSR:_____ OSR:_____