**Open Account Form (Net.30 Terms)**

# DEVCO© CORPORATION

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* **Please email or fax this application back to us.**
* **Most applications processed within 24 hours.**

**BUSINESS CREDIT APPLICATION**

Company Name

Billing Address

City State Zip/Postal Code Country

Phone Fax:

E-Mail Address

* Corporation □ Partnership □ Proprietorship □ Public □ Private □ Other Type of Business

Year established Yearly Gross Sales $ Federal Tax ID#

## NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS:

Name Title

Address City State Zip/Postal Code Country

Name Title

Address Address City State Zip/Postal Code Country

Name Title

Address Address City State Zip/Postal Code Country

## BANK REFERENCES:

Bank Name Account

Phone # Fax # Address City State Zip/Postal Code Country

Bank Name Account

Phone # Fax # Address City State Zip/Postal Code Country

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## TRADE CREDIT REFERENCES:

Vendor Name Contact Name

Phone Fax# Address

City State Zip/Postal Code Country Account #

Vendor Name Contact Name

Phone Fax# Address

City State Zip/Postal Code Country Account #

Vendor Name Contact Name

Phone Fax# Address

City State Zip/Postal Code Country Account #

Vendor Name Contact Name

Phone Fax# Address

City State Zip/Postal Code Country Account #

## CREDIT LIMIT REQUESTED: $

**CREDIT TERMS**

* + Payment on all invoices is due within 30 days of invoice date.
  + All overdue invoices bear interest at 1 1/2 % (one and a half percent) per month on unpaid balance.
  + Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
  + Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
  + All transactions are governed by the laws of the Creditor's state.
  + All transactions are governed by the terms of the Creditor's documents.

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The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Dated: , 20

Signature of Credit Applicant

Name of Credit Applicant

* + Please fax or email back application to us.
  + Email: [info@devcocorp.com](mailto:info@devcocorp.com)

 Fax: (973) 781-0200

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