



Thank you for your business with DuraChoice!

We are excited to get your credit application underway so that you and your customers can begin enjoying DuraChoice's many high quality products. Please provide us the following information so that we can better serve you. If you have any questions, feel free to call us at 1-800-540-3050 or email us at info@durachoice.com.

Name of Business (Legal): _____ dba: _____

Federal ID/ SS#: _____ Date Business Started: _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Ph: _____ Fax: _____ Website: _____

Email: _____ (To receive our monthly special and online-only promotion!)

Bus. Type: Wholesaler Retailer Others _____ Sales Rep: _____

Names of all Owners, Partners and Officers

Name: _____ Title: _____ Ph: _____ Email: _____

Name: _____ Title: _____ Ph: _____ Email: _____

Accounts payable contact information:

Name: _____ Ph: _____ Email: _____

To help protect our environment, would you prefer paperless invoice by: Fax Email

Purchasing Agent contact information:

Name: _____ Ph: _____ Email: _____

Trade References

1. Name: _____ Ph: _____ Fax: _____

Address: _____ City _____ State _____ Zip _____

2. Name: _____ Ph: _____ Fax: _____

Address: _____ City _____ State _____ Zip _____

3. Name: _____ Ph: _____ Fax: _____

Address: _____ City _____ State _____ Zip _____

By signing below, I certify that all information entered above is correct and true, and foregoing promise to pay for all purchases in accordance with the terms of sales. I further agree to pay for all collection costs, to include reasonable attorney fees, if made necessary by failure to comply with the payment terms of sales. I authorize DuraChoice Co. to check any agencies or companies necessary in processing this credit agreement.

OWNER OR OFFICER SIGNATURE: X _____

Name: _____ **Title:** _____ **Date:** _____

Please complete and fax to: 1-214-988-1006