



ACCOUNT NO. \_\_\_\_\_

**CREDIT APPLICATION**

I, WE HEREBY APPLY FOR CREDIT BASED ON YOUR REGULAR TERMS OF SALE. THE ACCOUNT IS TO BE IN THE FOLLOWING NAME:

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TAX ID # OR FEIN: \_\_\_\_\_

**TYPE OF OWNERSHIP:**

- PARTNERSHIP
- INDIVIDUAL
- S CORPORATION
- C CORPORATION
- L.L.C.

PRINCIPAL OWNER: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ D&B NUMBER: \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT INFORMATION:**

NAME & TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED PAYMENT METHOD: \_\_\_\_\_

**BANK REFERENCE:**

BANK NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**(over please)**

ONE HAMDEN PARK DRIVE  
HAMDEN, CT 06517  
Attn: Credit Department



**TRADE REFERENCE 1:**

ACCOUNT NO. \_\_\_\_\_

COMPANY: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**TRADE REFERENCE 2:**

ACCOUNT NO. \_\_\_\_\_

COMPANY: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**TRADE REFERENCE 3:**

ACCOUNT NO. \_\_\_\_\_

COMPANY: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

We hereby make application for credit to Dexsil Corporation. This information is given in confidence for the sole purpose of establishing credit with Dexsil. Authorization is hereby given allowing Dexsil to inquire of all trade and financial sources which are deemed to be necessary by Dexsil to properly evaluate this application. If credit is granted, we agree to pay all invoices within the terms specified. Standard terms for Dexsil are net 30 days of invoice date. Should legal action be taken to secure payment for product received, we are liable for all expenses, including reasonable attorney's fees.

Credit card, ACH, and check payments are accepted for invoice payments. Invoices not paid within terms will be subject to a finance charge of 1% (12% per annum) which will post monthly on any unpaid balance.

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CIRCLE PREFERRED METHOD OF NOTIFICATION FOR APPLICATION REVIEW: email fax phone

PLEASE SEND COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS

ONE HAMDEN PARK DRIVE  
HAMDEN, CT 06517  
Attn: Credit Department

BY EMAIL TO **ARDept@DEXSIL.COM** OR BY FAX TO **(203) 248-6523**

ONE HAMDEN PARK DRIVE  
HAMDEN, CT 06517  
Attn: Credit Department