



**Diversified Supply, Inc.**  
 121 Cloverdale Drive  
 Alabaster, AL 35007  
 (205) 620-9299 Fax: (205)664-9053

OFFICE USE ONLY	
Sales Rep.	
Sales Loc.	

**Customer Credit Application:** To establish credit for new business, this information is needed to allow us to promptly process your orders. Please complete and return by mail or fax, attention Credit Manager. Selling terms are Net 30 days from shipping.

**1. Company Information**

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	Credit Line Requested	
No. of Employees	Year Business Established	Annual Sales      Type of Business
Federal Tax ID (If Incorporated)	State of Incorporation	Credit Amount Requested
E-Mail Address(es):	Website:	

**2. Owner Information**

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State    Zip      Phone #

**3. Bank References**

Bank Name	Account Number	Contact
Address	City	State    Zip      Phone #

**4. Trade Credit References**

Company Name	Contact
Address	City      State    Zip      Phone #      Fax#

Company Name	Contact
Address	City      State    Zip      Phone #      Fax#

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

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