



Excel Business Park II
 575 Prospect Street
 Bldg. 211
 Lakewood, NJ 08701
 Phone: 732-367-3100

DALEMARK CREDIT APPLICATION

Date: _____ Tax Exemption Number: _____

Firm Name: _____ Federal I.D. #: _____

Name of Parent Company (If Subsidiary): _____

Officer or Partner's Names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____

Kind of Business: _____ At Present Location Since: _____

Year Established: _____ Primary Accounts Payable Contact: _____

Accounting Manager/Controller: _____

Name of Bank: _____

Bank Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Checking Account Number: _____ Savings Account Number: _____

References: (Give Only Those Names You Buy From With An Open Account)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Payment terms are net 20 days and past due balances are subject to 1 1/2% interest per month (18% per annum).
 The undersigned hereby agrees to pay all attorney and collection fees on all balances due, should account have
 to be turned over to attorney and/or collection agency for collection of monies due.

Name (Please Print) _____

Signed _____

Title (Company Officer) _____

PLEASE RETURN THE COMPLETED CREDIT APPLICATION BY E-MAIL OR FAX.
sales@dalemark.com

DM2020:SM