



32010 126th Street • Princeton, MN 55371  
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 www.distinctivedoordesigns.com

# CREDIT APPLICATION

<b>DDD OFFICE USE</b>	
Account Number: _____	
Tax Number: _____	
Credit Limit: _____	
Approved By: _____	Date: _____

## Company Information

Business Name: _____	Description: _____
Telephone: _____	In Business Since: _____
Address: _____	Number of Employees: _____
City: _____	Amount Requested: _____
State / Zip: _____	Sales Tax Number: _____
Business Structure: Corporation-Publicly Held <input type="checkbox"/> Corporation-Closely Held <input type="checkbox"/> Partnership-General <input type="checkbox"/> Partnership-Limited <input type="checkbox"/>	
Sole Proprietorship <input type="checkbox"/> Division or Subsidiary-Name of Parent Corporation <input type="checkbox"/> _____	
If Incorporated, Date of Incorporation: _____ State of Incorporation: _____	

## Financial Information

1) Bank Name: _____	2) Bank Name: _____
Branch: _____ Phone: _____	Branch: _____ Phone: _____
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account No: _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account No: _____
Loan <input type="checkbox"/> Balance: _____ Secured By: _____	Loan <input type="checkbox"/> Balance: _____ Secured By: _____
Officer: _____ Phone: _____	Officer: _____ Phone: _____

Note: All approved credit accounts must be secured with a Visa or Mastercard. If the account balance exceeds 45 days from the date product was received the balance plus a 2% fee will automatically be applied to this credit card.

Visa  Mastercard  Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code on Back: \_\_\_\_\_

## Trade References (4)

<b>1) Business Name:</b> _____	<b>2) Business Name:</b> _____
Contact Name: _____	Contact Name: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Address: _____	Address: _____
City / State / Zip: _____	City / State / Zip: _____
<b>3) Business Name:</b> _____	<b>4) Business Name:</b> _____
Contact Name: _____	Contact Name: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Address: _____	Address: _____
City / State / Zip: _____	City / State / Zip: _____

**Company Principals Responsible for Business Transactions**

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Contact Person for Account**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Delivery Address**, if different from Billing Address

Business Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Zip: \_\_\_\_\_

The above information is being submitted for the purpose of allowing Distinctive Door Designs, Inc. to assess and/or continue to assess credit on the undersigned account. The undersigned hereby represents and warrants that the information contained herewith or submitted in connection herewith, is true and complete as of the date hereof. We authorize Distinctive Door Designs, Inc. to contact and investigate the references, including the banks listed above and we authorize the references to release the requested information. The undersigned hereby agrees to remit payment within the terms specified on the face of the invoice. If payment is not received when due, the undersigned also agrees to pay a monthly service charge equal to one and one-half (1 1/2) percent or the maximum amount allowable under state law, of the unpaid delinquent balance until the account is paid full. All approved credit accounts must be secured with either a Visa or MasterCard. If the account balance exceeds 45 days from the date product was received, the balance plus a 2% fee will automatically be applied to this credit card. If the account is placed for collection, the undersigned agrees to pay all costs and expenses of collection, including attorneys fees and expenses.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**800.366.1631****[www.distinctivedoordesigns.com](http://www.distinctivedoordesigns.com)**