

DELIVERY DINER

Credit Application

Fax to 775/327-4433

General Information

Corporate Name (Legal Name) _____ dba _____

Business Address _____ Tax ID# _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Billing Contact _____ Title _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Authorized Users

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Bank Reference

Name of Bank _____ Branch _____

Contact _____ Account # _____

Phone _____

Trade References

Name of Business _____ Contact Name _____

Phone _____

Name of Business _____ Contact Name _____

Phone _____

Name of Business _____ Contact Name _____

Phone _____

Should credit be extended as a result of this application, I hereby acknowledge and agree to terms as follows: Payment on all corporate accounts is due within 15 days from purchase. If payment is not received by the 30th day, account will be considered delinquent and subject to loss of credit privileges. In the event it is necessary to commence collection activity, I agree to pay collection agency fees and /or attorney fees and all costs incurred as fixed by the court.

I certify that to the best of my knowledge and belief the above credit information is correct. Furthermore, I authorize the release of credit information for the purpose of establishing credit with Delivery Diner.

Applicant _____ Date _____

Print Name _____ Title _____