

## USA - CREDIT APPLICATION

**COMPANY:**

COMPANY NAME (REGISTERED CORPORATE NAME)	PHONE NO. (BUSINESS)
MAILING ADDRESS	FAX NO.
CITY                      PROVINCE                      POSTAL CODE	CELL PHONE
TYPE OF COMPANY	NO. OF YEARS IN BUSINESS
NATURE OF BUSINESS	

**PRINCIPALS:**

NAME	ADDRESS	POSITION
CITY	PROVINCE                      POSTAL CODE	PHONE NO.
NAME	ADDRESS	POSITION
CITY	PROVINCE                      POSTAL CODE	PHONE NO.

**BANKING INFORMATION:**

BANK NAME	BRANCH ADDRESS	PHONE NO.
BANK CONTACT PERSON	ACCOUNT NO. & TRANSIT NO.	DATE ACCOUNT OPENED

**TRADE REFERENCES:**

COMPANY NAME	ADDRESS	PHONE NO. FAX NO.
CITY	PROVINCE                      POSTAL CODE	EMAIL CONTACT
COMPANY NAME	ADDRESS	PHONE NO. FAX NO.
CITY	PROVINCE                      POSTAL CODE	EMAIL CONTACT
COMPANY NAME	ADDRESS	PHONE NO. FAX NO.
CITY	PROVINCE                      POSTAL CODE	EMAIL CONTACT

### First Corp International

5000 Kaltenburn Dr Fort Worth, TX 76119    Phone: +1(817)-561-5040    Fax: +1(817)-561-5951

Website: [www.ddibits.com](http://www.ddibits.com)    Email: [ddibits@yahoo.com](mailto:ddibits@yahoo.com)



**\*\*NOTE: Fax numbers must be included and current\*\***

**\*\*PURCHASE ORDERS ARE REQUIRED\*\***

ACCOUNTS PAYABLE CONTACT	ACCOUNTS PAYABLE PHONE NO.
ACCOUNTS PAYABLE FAX NO.	ACCOUNTS PAYABLE EMAIL
TAX ID#	

**PLEASE READ THE "TERMS AND CONDITIONS" ATTACHED AND COMPLETE BELOW**

PAYMENT TERMS TO BUYERS ON APPROVED CREDIT ARE **NET THIRTY (30) DAYS** FROM DATE OF INVOICE. DELIQUENT INVOICES ARE SUBJECT TO A SERVICE CHARGE OF TWO PERCENT (2%) PER MONTH FROM THE DATE OF INVOICE (TWENTY-FOUR (24%) PER ANNUM) UNTIL PAID IN FULL.

THE UNDERSIGNED HEREBY AUTHORIZE THE VENDOR TO OBTAIN ANY INFORMATION REQUIRED RELATED TO THIS APPLICATION FROM ANY SOURCES TO WHICH THE VENDOR MAY APPLY AND EACH SOURCE IS AUTHORIZED TO PROVIDE THE VENDOR WITH SUCH INFORMATION. THE VENDOR IS FURTHERMORE AUTHORIZED TO DISCLOSE, IN RESPONSE TO DIRECT INQUIRIES FROM ANY OTHER TENDER, OR ANY CREDIT BUREAU, SUCH INFORMATION CONCERNING THE UNDERSIGNED AS THE VENDOR CONSIDERS APPROPRIATE, AND THE UNDERSIGNED AGREES TO IMDEMNITY THE VENDOR AGAINST AND SAVE IT HARMLESS FROM ANY AND ALL CLAIMS IN DAMAGES OR OTHERWISE ARISING FROM ANY SUCH DISCLOSURE MADE BY THE VENDOR.

I/WE AGREE TO PAY ALL COSTS INCURRED IN COLLECTION OF OUTSTANDING AMOUNTS DUE.

I/WE HAVE READ AND UNDERSTOOD THE ABOVE AND HEREBY AGREE TO ABIDE BY THESE TERMS AND CONDITIONS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

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