



CREDIT APPLICATION / AGREEMENT

P.O. Box 550220
Dallas, TX 75355-0220
(972) 494-1455

For Internal Use Only:

Date: _____

Date Application Received: _____

Customer # Assigned: _____

Sales/Marketing Rep: _____

Dalco Athletic Lettering, Inc. Credit Application / Agreement

This credit application and agreement is concurrent with and in addition to Dalco Athletic Lettering, Inc. standard terms and conditions. This credit agreement must be fully completed, signed and returned to the credit department before your credit request will be considered.

Monthly line of credit requested: \$ _____

General Business Information

Legal / Registered Name of Business: _____

Sales Tax Exemption #: _____

RESALE CERTIFICATE

I hereby certify: that the above named company holds limited Sales Tax Permit Number, noted above, issued pursuant to the limited sales, excise and use tax law, and that the tangible personal property described below, or which is shown in the attached order of invoice which is made a part of hereof, which will be purchased from you will be resold, rented or leased by us in the form of tangible personal property; however, if we make any use of tangible personal property other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, the use shall be taxable to us as of the time when tangible personal property is first so used, and the sales price of the tangible personal property to us shall be deemed the measure of the tax. Description of property to be purchased* all types of Athletic Lettering, Transfers, Clothing, Heat Seal Machines & Accessories.

* The Comptrollers Ruling No. 5 provides that the description of property may include: (1) Either an itemized list of the particular property to be purchased for resale, or (2) a general description of the kind of personal property to be purchased for resale.

Bill To Address: _____

City: _____ State: _____ Zip Code: _____

Ship To Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email: _____ How long at this address: _____

Premises are (choose one): Rented Owned Leased

How long in business at this company: _____

Legal form of business: Corporation Partnership Proprietorship Holding Company

If subsidiary, please provide name and address of parent company: _____

Name of landlord (if any): _____

Name and telephone number of accounts payable contact (if any): _____

Is company registered with your Secretary of State? Yes No Federal Tax ID#: _____

If yes, give date and state of incorporation: _____

Ownership Details (Principals)

Name: _____ Title: _____

Address: _____ Phone#: _____

Name: _____ Title: _____

Address: _____ Phone#: _____

Name: _____ Title: _____

Address: _____ Phone#: _____