Open Account Form
(Net.30 Terms)

DEVCO® CORPORATION

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USA

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Web Site: www.devcocorp.com

* Please email or fax this application back to us.
* Most applications processed within 24 hours.
BUSINESS CREDIT APPLICATION

Company Name _________________________________________________________

Billing Address __________________________________________________________

City _____________State ________ Zip/Postal Code _________ Country ___________

Phone ___________________   Fax:________________

E-Mail Address ______________________________

□ Corporation □ Partnership □ Proprietorship □ Public □ Private □ Other

Type of Business ____________________________

Year established __________ Yearly Gross Sales $ ______________________________

Federal Tax ID#________________________

NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS:

Name ______________________________

Title ______________________________

Address ________________________________________________________________

City ________________State ________ Zip/Postal Code ________ Country _________

Name ______________________________

Title ______________________________

Address ________________________________________________________________

Address ________________________________________________________________

City ________________State ________ Zip/Postal Code ________ Country _________

Name ______________________________

Title ______________________________

Address ________________________________________________________________

Address ________________________________________________________________

City ________________State ________ Zip/Postal Code ________ Country _________

BANK REFERENCES:

Bank Name ______________________________

Account ______________________________

Phone # ___________________________ Fax #_______________________________

Address _______________________________________________________________

City _____________State ________ Zip/Postal Code _________ Country __________
TRADE CREDIT REFERENCES:
Vendor Name ______________________________
Contact Name ______________________________
Phone ______________________________ Fax# ______________________________
Address ___________________________________________________________
City _________________ State __________ Zip/Postal Code _________ Country _________
Account # ______________________

Vendor Name ______________________________
Contact Name ______________________________
Phone ______________________________ Fax# ______________________________
Address ___________________________________________________________
City _________________ State __________ Zip/Postal Code _________ Country _________
Account # ______________________

Vendor Name ______________________________
Contact Name ______________________________
Phone ______________________________ Fax# ______________________________
Address ___________________________________________________________
City _________________ State __________ Zip/Postal Code _________ Country _________
Account # ______________________

CREDIT LIMIT REQUESTED: $ ______________________________

CREDIT TERMS
• Payment on all invoices is due within 30 days of invoice date.
• All overdue invoices bear interest at 1 1/2 % (one and a half percent) per month on unpaid balance.
• Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
• Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
• All transactions are governed by the laws of the Creditor's state.
• All transactions are governed by the terms of the Creditor's documents.
The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Dated: ______________________________, 20___

__________________________
Signature of Credit Applicant

__________________________
Name of Credit Applicant

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