

Request for New Account Credit Approval

Applicant's Legal Name: _____

D/B/A _____

Bill to: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Phone: _____	Fax: _____

Ship to: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Phone: _____	Fax: _____

Principals (Owners) _____ Ownership: Corporation: Partnership: Proprietorship:

Executives Pres./G.M. _____ Sales Manager: _____

Purchasing _____ Finance Mgr/Acct. Payables: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Years in Business: _____ Type of Business: _____

Credit References

Bank:	Name/Contact: _____ Phone: _____ Fax: _____
	Address _____ City: _____ State: _____ Zip: _____
Trade:	Name/Contact: _____ Phone: _____ Fax: _____
	Address _____ City: _____ State: _____ Zip: _____
	Name/Contact: _____ Phone: _____ Fax: _____
	Address _____ City: _____ State: _____ Zip: _____
	Name/Contact: _____ Phone: _____ Fax: _____
	Address _____ City: _____ State: _____ Zip: _____

PAYMENT TERMS: Unless other arrangements are approved by D.P. Brown of Detroit, Inc. in writing prior to shipment, all amounts invoiced are payable per invoice terms from date of invoice. Amounts not paid within thirty (30) days from date of invoice shall bear interest at the rate of 1.5% per month or the highest rate permitted by law, which is less. Accounts with balances outstanding sixty (60) days or more from date of invoice will not be shipped until such balance is made current. Should legal action or collection agencies be required to secure payment, the prevailing party shall be responsible for all reasonable attorney fees and cost of collection activity shall be subject to the jurisdiction and laws of the State of Michigan.

Signed this _____ Day
of _____, 20__

Signature of Authorized Representative

Name and Title (type or print)

PLEASE FILL OUT THE ATTACHED SALES TAX EXEMPT CERTIFICATE