

DYNACON INC

CREDIT APPLICATION

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN BY FAX NO. (540) 234-9061.

BILLING INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX NO: _____

NATURE OF BUSINESS: _____

DATE BUSINESS STARTED: _____

APPROX. YEARLY SALES: _____

OF EMP: _____

Corporation

Proprietorship

Partnership

FEDERAL TAX I.D. NO.: _____

BANK REFERENCES

NAME OF BANK: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____

TRADE REFERENCES

FIRM: _____

PHONE: _____

FAX: _____

ACCT#: _____

FIRM: _____

PHONE: _____

FAX: _____

ACCT#: _____

FIRM: _____

PHONE: _____

FAX: _____

ACCT#: _____

FIRM: _____

PHONE: _____

FAX: _____

ACCT#: _____

GENERAL INFORMATION

A/P CONTACT: _____

A/P EMAIL ADDRESS: _____

SALES TAX EXEMPTION CERTIFICATE

Attached

Not Available

NAMES & TITLES OF INDIVIDUALS IN YOUR COMPANY WHO SHOULD RECEIVE DYNACON PRODUCT/PRICING LITERATURE

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

TERMS OF SALE

The Undersigned has provided the above information for the purpose of obtaining credit, and AGREES TO PAY DYNACON IN ACCORDANCE WITH THE FOLOWING TERMS:

Invoices for material purchased from Dynacon oare payable *NET 30 DAYS* from the date of the invoice.
All payments are to be made in U.S. Dollars to Dynacon, Inc., P.O. Box 205, Weyers Cave, VA 24486.
Material shipped on a C.O.D. Basis will include a \$10.00 handling charge to be paid upon receipt.

FIRM NAME: _____

BY (Please Print): _____

SIGNATURE: _____

DATE: _____

TITLE: _____