



Customer Credit Application

Date: _____

We were referred by: _____

Customer Bill To Name:
Address:
City/ State/Zip:
Phone/Fax:
Customer Ship To Name:
Address:
City/ State/Zip:
Phone/Fax:
Preferred ship method:
Website:

Type of Business: _____ **Years in Business:** _____

Will accept faxed or emailed invoices Fax _____ Email _____ **Fax # or email:** _____

Below please provide: Contact name, direct phone, fax #, and email if available.

Accts Pay Contact: _____

Controller: _____

Purchase Agent: _____

President: _____

****Tax Exempt:** Yes No **(IF YES, YOU MUST ATTACH ST-121 or ST-120 CERTIFICATE)****

******Federal ID Number or Social Security Number:** _____

Dun & Bradstreet #: _____

List three trade references, including phone number and fax number:

1. Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

2. Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

3. Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

Bank Information:

Name: _____ **Phone#:** _____

Account#: _____ **Fax #:** _____

I certify that all statements in this application are true and complete and made for the purpose of obtaining credit from DXP Enterprises, Inc. and its subsidiaries. I authorize DXP Enterprises, Inc. to investigate the references herein listed, or statements of the data obtained pertaining to my credit and financial responsibility and agree that they shall become the property of DXP Enterprises, Inc. whether or not credit terms are granted.

I agree that interest at the maximum rate allowed by law will be paid to DXP Enterprises, Inc. on any indebtedness not paid according to the terms as shown on the invoice or other evidence of indebtedness. I, the undersigned, agree to pay these charges which shall begin the day after the indebtedness becomes due and shall continue until payment shall be applied to any unpaid interest charges first, and the balance of the partial payment then applied to the oldest remaining indebtedness.

It is understood and agreed that failure to pay any invoice or other indebtedness on or before the due date at the option of DXP Enterprises, Inc. mature the whole indebtedness.

If indebtedness is placed in the hands of any attorney for collection or is collected by suit or through probate or bankruptcy proceedings, the undersigned agrees to pay cost plus attorney fees.

****Signed by:** _____

must be authorized

****Title:** _____

****Printed Name:** _____

Account set up date: _____
Customer# _____
Salesman# _____
Credit Limit _____
KC Use Only