Open Account Form (Net.30 Terms)

DEVCO_© **CORPORATION**

300 LANIDEX PLAZA PARSIPPANY, NJ 07054 USA

TEL (973) 781-0200 FAX (973) 781-0234

Email: info@devcocorp.com 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	Fa:	x:	
E-Mail Address			
☐ Corporation ☐ Type of Business	-	Proprietorship Publi	c □ Private □ Other
Year established Federal Tax ID#	Year	ly Gross Sales \$	
NAMES AND ADI	DRESSES OF	OWNERS, PARTNERS,	OR OFFICERS:
Name			
Title			
Address	Stata	Zip/Postal Code	Country
City	State		Country
Name			
Title			
Address			
Address			
City	State	Zip/Postal Code	Country
Name			
Title			
Address			
Address			
City	State	Zip/Postal Code	Country
BANK REFEREN	CES:		
Bank Name			
Account			
Phone #		Fax #	
Address			
City	State	Zip/Postal Code	Country
Bank Name			
Account			
Phone #		Fax #	
Address			
City	State	Zip/Postal Code	Country

TRADE CREDIT			
Vendor Name			
Contact Name		 Fax#	
Phone		Fax#	
Address			
City	State	Zip/Postal Code	Country
Account #		-	
Vendor Name			
Contact Name			
Phone		Fax#	
Address	Ct. t	7: /2 + 1 0 1	
City	State	Zip/Postal Code	Country
Account #		-	
Vendor Name			
Vendor Name			
Contact NamePhone		Fax#	
Address		1 uxii	
Address	State	Zip/Postal Code	Country
Account #		215/1 05ta1 00t0	
Vendor Name			
Contact Name			
Phone		Fax#	
Address			
City	State	Zip/Postal Code	Country
Account #			

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.

Dated:		, 20	-		
Signature of Credit Applican	t				
Name of Credit Applicant					
 Please fax or en 	nail back	applicati	on to us.		
• Email: info@d					
• Fax: (973) 781-	0200		_		