

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: _____

WEBSITE ADDRESS: _____

TYPE OF BUSINESS:

Manufacturer

Wholesaler / Distributor

Contractor

BAS Dealer

Engineer

School / University

Other

BANK REFERENCES

NAME OF BANK: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____

TRADE REFERENCES

FIRM: _____

FIRM: _____

PHONE: _____

FAX: _____

PHONE: _____

FAX: _____

ACCT#: _____

ACCT#: _____

FIRM: _____

FIRM: _____

PHONE: _____

FAX: _____

PHONE: _____

FAX: _____

ACCT#: _____

ACCT#: _____

GENERAL INFORMATION

A/P CONTACT: _____

SALES TAX EXEMPTION CERTIFICATE:

Attached

Not Available

A/P EMAIL ADDRESS: _____

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

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

TERMS OF SALE

Invoices for material purchased from Dynacon are 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.

FIRM NAME: _____

DATE: _____

BY (Please Print): _____

TITLE: _____

SIGNATURE: _____

EMAIL ADDRESS: _____