



17 SHAD HOLE ROAD•DENNISPORT, MA 02639

(508) 760-4545 OR (800) 430-5665

FAX: (508) 760-9922

ATTN: JILL

APPLICATION FOR CREDIT

Business Name & Address: _____

Phone #: _____ **Fax#:** _____ **E-mail:** _____ **Yrs. In Business:** ____ **No. of Stores:** ____

Owner: _____ **Phone #** _____

Address _____

Bank Name: _____ **Account #:** _____

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

Resale Tax Permit #: _____ **Federal ID #:** _____

TRADE REFERENCES:

1. Name: _____ **Account Number:** _____

Street: _____ **Phone Number:** _____

City/State/Zip: _____ **Fax#:** _____

2. Name: _____ **Account Number:** _____

Street: _____ **Phone Number:** _____

City/State/Zip: _____ **Fax#:** _____

3. Name: _____ **Account Number:** _____

Street: _____ **Phone Number:** _____

City/State/Zip: _____ **Fax#:** _____

CREDIT CARD AUTHORIZATION

Account Number: _____ **Expiration Date:** _____

Cardholder Name: _____ **Visa** ____ **MasterCard** ____ **AMEX** ____

Upon approval of this application, it is agreed that purchases will be paid in full and in accordance with the terms of sale as stated on Dennis East International, Inc. invoices.

Signed _____ **Date** _____