D.K.I. Mfg.

13518 N.W. Ind. Bridgeton, MO 63044 314-739-6500 tollfree 1-888-414-4158 fax 314-739-8128

Credit Application

Name of Business		Phone		
Street Address		Fax		
Billing Address				
City, State, & Zip				
Name of Owner (s)		Pres.		
Partners				
Home Address		Phone		
Years in Business	Bank Ref.	Phone		
Kind of Business	(corporation)	(partnership)	(sole propietorship)	
References: List three major	suppliers you purchase f	rom on open acct. (pleas	se include fax #'s)	
1. Name		Address		
City		State & Zip		
Phone #		Fax #		
2. Name		Address		
City		State & Zip		
Phone #		Fax #		
3. Name	_	Address		
City		State & Zip		
Phone #		Fax #		
Sales tax Exemption #				
I,	(name) acept financial	responsibility for		
And personally quarantee payment certify that the name of the firm sta standing. (If corporation, two offic sole propiertorship, owner must si	ited is correct, that the firm is not ers must sign giving their position	t insolvent and that if the firm		
Date	Signatu	ıre		