



DEALER SUPPLY NETWORK  
2915 BUSH DRIVE  
MELBOURNE, FLORIDA 32935  
888-376-9089  
FAX: 866-329-5233

## CREDIT APPLICATION AND AGREEMENT

### COMPANY INFORMATION

Customer Name:

Industry Type: Construction Hardware Industrial Rental Rigging Roofing Safety Scaffolding Welding  
(Circle all that apply) Other:

Years in Business: Entity Type:  Sole Proprietorship  Partnership  Corporation

Invoice Preference: Mail  Email

Billing Address:

Shipping Address (if different):

Please include a copy of your Resale Certificate with this application

### PERSONNEL CONTACT INFORMATION

Principal / Title:

Principal / Title (if others):

A/P Contact:

Email:

Phone:

Pricing Contact

Email:

Phone:

Promotions Contact

Email:

Phone:

### TRADE OR CREDIT REFERENCES

Company Name:

Address:

Account Type:

Email:

Phone:

Company Name:

Address:

Account Type:

Email:

Phone:

### SIGNATURES

I certify that all the information on this form is correct.

Signature of Officer:

Date:

Name:

Title: