



# Application for Credit

This is an application for credit. You can help us avoid delays in processing this application by checking to see that all applicable spaces on both pages have been completed. All orders are subject to approval by our Credit Department. Material will be shipped at the price in effect at the time of shipment. Please allow seven working days for the processing of this application. All information submitted to this application will be held as confidential between DCL Solutions, Inc. and said applicant.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

Delivery Address \_\_\_\_\_ Date Business \_\_\_\_\_

\_\_\_\_\_ Started \_\_\_\_\_

Point of Contact \_\_\_\_\_ Acct. Payable Contact info: \_\_\_\_\_

\_\_\_\_\_

Type of Business    Individual    Partnership    Corporation: State of \_\_\_\_\_    L.L.C./L.L.P.

Federal Tax ID Number \_\_\_\_\_

**If applicant is a partnership or individual, please provide information on principal owners:**

Name/Title \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

\_\_\_\_\_

Name/Title \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

\_\_\_\_\_

**If applicant is a corporation, list the names and addresses of the stockholders, officers and directors:**

Name/Title	Address	% Ownership

Expected monthly credit requirement? \$ \_\_\_\_\_

**Your banks:**

Bank Name _____	Bank Name _____
Bank Address _____	Bank Address _____
_____	_____
Account Number _____	Account Number _____
Contact _____	Contact _____
Telephone _____	Telephone _____
Fax _____	Fax _____

**Three Suppliers or Trade References:**

Bank Name _____	Bank Name _____	Bank Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone _____	Telephone _____	Telephone _____
Fax _____	Fax _____	Fax _____

**Sales Taxes:**

For Pennsylvania companies, sales taxes will be applied unless a signed exemption certificate is furnished.

**Acceptance:**

A finance charge of 1.5% per month (18% annual percentage rate) will be added to unpaid balances after 30 days. After default and referral to an attorney, the applicant shall pay a reasonable attorney fee and any judgment in favor DCL Solutions, Inc., or its assignee may include court costs and a reasonable attorney’s fee.

In the event of any dispute between of DCL Solutions, Inc. and applicant, Pennsylvania law shall control and the Philadelphia District Court shall be the jurisdiction and venue for any litigation. I hereby authorize by the signature below for our bank, and our credit references, as identified above, to release our banking details for the sole purpose of bank account verification.

Applicant

Name _____	Signature _____
------------	-----------------

By \_\_\_\_\_  
(Title)

**Personal Guarantee**

In consideration of the extension of credit by DCL Solutions, Inc., to the applicant and other good and valuable consideration, I/we hereby personally guarantee to DCL Solutions, Inc. the payment of any obligation of the above applicant and I/we bind myself (ourselves) to pay DCL Solutions, Inc. on demand any sum which may become due to DCL Solutions, Inc. by the applicant whenever the applicant shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnify for such indebtedness of the applicant. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement.

Name _____	Name _____
Date _____	Date _____
SSN _____	SSN _____



# Credit Card Authorization Form

When an order needs to be shipped to an address different from the billing address, or on orders over \$100, we need to obtain authorization. You can either add the second address as an authorized alternate shipping address by contacting your credit card provider, or you can complete and fax the form below back to us.

### Instructions

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all of this form, along with the photocopy of the signed credit card, back to us to our secure fax machine at **215-288-0847** to complete your order.

I, \_\_\_\_\_, hereby authorize DCL Solutions, Inc. to charge my credit card account in the amount of \$\_\_\_\_\_ (including shipping and/or taxes, if applicable).

Type of Card    VISA    MasterCard    American Express   (Discover card not accepted).

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code (last three digits of the number on the back of the card) \_\_\_\_\_

### Credit Card Billing Address

### Requested Shipping Address

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholders's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by DCL Solutions, Inc. Complete and fax all documents required to: 215-288-0847**