

100 Mead Avenue
Meadville, PA 16335

www.DeSantisSolutions.com



TEL: 814-724-2508 OR
800-942-1656
FAX: 814-337-0551



Please specify type of account:

Credit Account CASH Account COD

BUSINESS CONTACT INFORMATION

Company Name:			
Accounts Payable Contact:			
Phone:	Fax:	Email:	
Purchasing Contact:			
Phone:	Fax:	Email:	
Registered Company Address:			
City:	State:	Zip Code:	
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:			
City:	State:	Zip Code:	
How long at current address:			
Phone:	Fax:	Email:	
Bank Name:		Bank Phone:	
Bank Address:			
City:	State:	Zip Code:	
Type of Account	Account Number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:	State:	Zip Code:
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Phone:	Fax:	Email:
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Type of Account:

Company Name:

Address:

City:	State:	Zip Code:
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Phone:	Fax:	Email:
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Type of Account:

Company Name:

Address:

City:	State:	Zip Code:
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Phone:	Fax:	Email:
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Type of Account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice. If, however, this account is not paid as agreed, interest at the rate of 1.5% per month shall accrue on unpaid amount. If credit is extended, the applicant's signature attests financial responsibility, ability, and willingness to pay invoices in accordance with DeSantis Janitor Supply Company credit terms. Further, applicant's company agrees to pay all reasonable collection and attorney's fees that may be necessary to collect a delinquent balance. Applicant company agrees that any litigation, including said debt, shall be adjudicated in courts in the county of the vendor, in the state of the vendor, irrespective of any disputes of jurisdiction.
2. DeSantis Janitor Supply Company incurs no liability by granting, reducing, increasing, or refusing applicant's request for credit.
3. Any attachments become part of this agreement.
4. Continued account delinquency may necessitate review of open account status and possibly interrupt delivery schedule.
5. By submitting this application, you authorize DeSantis Janitor Supply Company to make inquiries into the banking and business/trade references that you have supplied. By your signature, you assert that you are authorized, in your capacity, to bind your firm accordingly.

SIGNATURE

X

Printed Officer or Authorized Person:

Title:	Date:
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