



Distributor Application for Credit

Fill out form, print and fax to (972)241-1855.

* Asterisks indicate required fields

Number and date fields are pre-formatted - just type values, no additional characters are needed.

Company Name *

Company Federal Tax ID *

Business Type

DUNS Number

PRINCIPALS

Principal 1

First Name *

Middle Initial

Last Name *

Title *

Office Phone *

Cell Phone

SSN *

Principal 2

First Name

Middle Initial

Last Name

Title

Office Phone

Cell Phone

SSN

Parent Company

Parent Company Federal Tax ID

Date Business Established *

[MM/YYYY]

PRIMARY CONTACTS

Primary Contact 1

Same as Principal 1

First Name *

Middle Initial

Last Name *

Title *

Office Phone *

Cell Phone

E-mail *

Primary Contact 2

Same as Principal 2

First Name

Middle Initial

Last Name

Title

Office Phone

Cell Phone

E-mail

Geographic Regions Served

Credit Limit Amount Requested *

MAIN OFFICE

Bill To

Same as Primary Contact 1

First Name *

Last Name *

Street Address 1 *

Street Address 2

City *

State *

Zip Code *

Office Phone *

Office Fax

Ship To

Same as Bill To

First Name *

Last Name *

Street Address 1 *

Street Address 2

City *

State *

Zip Code *

Office Phone *

Office Fax

SUPPLIERS

Supplier 1

Company Name	Contact First Name	Contact Last Name
Street Address 1		Street Address 2
City	State	Zip Code
Contact Phone	Contact Fax	

Supplier 2

Company Name	Contact First Name	Contact Last Name
Street Address 1		Street Address 2
City	State	Zip Code
Contact Phone	Contact Fax	

Supplier 3

Company Name	Contact First Name	Contact Last Name
Street Address 1		Street Address 2
City	State	Zip Code
Contact Phone	Contact Fax	

Supplier 4

Company Name	Contact First Name	Contact Last Name
Street Address 1		Street Address 2
City	State	Zip Code
Contact Phone	Contact Fax	

BANKS

Bank 1

Bank Name	Branch	Phone
Contact First Name	Contact Last Name	Account Number
Street Address 1		Street Address 2
City	State	Zip Code

Bank 2

Bank Name	Branch	Phone
Contact First Name	Contact Last Name	Account Number
Street Address 1		Street Address 2
City	State	Zip Code

Agreement:

Applicant agrees that extension of credit by the seller shall be subject to, and in consideration of, the following:

1. Terms are that which are stated on the invoices and as described on respective price sheets. All amounts are due in accordance with said stated terms.
2. Past due balances are subject to a service charge of a maximum permitted by state law and not less than \$1.00
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent collection charges and legal fees.
4. The undersigned agrees to the terms and the conditions stated herein.
5. The undersigned hereby authorizes the above-mentioned banks and companies to release the information requested by Applied Diabetes Research.

Please Sign prior to faxing *

Credit Application Title *

Credit Application Date *

[MM/DD/YY]
