



**Thank you for your business!**

We are excited to get your credit application underway so that you and your customers can begin enjoying DirectMaterial.com's high quality products. Please provide us the following information so that we can better serve you. If you have any questions, feel free to call us at 1-888-334-4339 or email us at [service@directmaterial.com](mailto:service@directmaterial.com).

Name of Business (Legal): \_\_\_\_\_ dba: \_\_\_\_\_

Federal ID/ SS#: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ (To receive our monthly special and online-only promotion!)

Bus. Type:  Wholesaler  Retailer  Others \_\_\_\_\_ Sales Rep: \_\_\_\_\_

**Names of all Owners, Partners and Officers**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Accounts payable contact information:**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

To help protect our environment, would you prefer paperless invoice by:  Fax  Email

**Purchasing Agent contact information:**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade References**

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I certify that all information entered above is correct and true, and foregoing promise to pay for all purchases in accordance with the terms of sales. I further agree to pay for all collection costs, to include reasonable attorney fees, if made necessary by failure to comply with the payment terms of sales. I authorize DirectMaterial.com to check any agencies or companies necessary in processing this credit agreement.

**OWNER OR OFFICER SIGNATURE: X** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and fax to: 1-214-988-1006**