

DMO Food Equipment Services, Inc.
8400 Sweet Valley Drive
Cleveland, OH 44125
Tel 216-328-0600 Fax 216-328-0604

APPLICATION FOR COMMERCIAL CREDIT

(Please Fill Out Completely and Legibly)

COMPANY NAME: _____
D/B/A: _____
BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE NUMBER: _____
FAX NUMBER: _____
OWNER (S) NAME: _____
SALES TAX NUMBER: _____ EIN # _____
D&B NUMBER: _____ NUMBER OF YEARS IN BUSINESS UNDER CURRENT OWNER: _____
PURCHASE SUBJECT TO SALES TAX? YES NO PURCHASE ORDERS REQUIRED? YES NO
LINE OF CREDIT REQUESTED: \$ _____ TYPE OF COMPANY: SOLE PROPRIETORSHIP PRIVATE
CORP. PARTNERSHIP PUBLIC CORP. OTHER _____
BANK BRANCH: _____
BANK CONTACT: _____
BANK ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
ACCOUNT NUMBER: _____

TRADE REFERENCES: IF YOU ARE A RESTAURANT PLEASE DO NOT LIST FOOD SUPPLIERS

(Please give complete addresses and account number(s))

COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
ACCOUNT NUMBER: _____ CONTACT: _____

COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
ACCOUNT NUMBER: _____ CONTACT: _____

COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
ACCOUNT NUMBER: _____ CONTACT: _____

To the best of my knowledge the above facts are represented as true. I am aware that falsification of any of this information may result in denial of credit by DMO Food Equipment Services, Inc. My signature below indicates my permission for DMO Food Equipment Services, Inc., to obtain credit information from the sources I have referenced, including any external credit reporting source, and any consumer credit agency. I understand that interest will be charged on all past due balances at a rate of 18% per month and the account terms are NET 30.

AUTHORIZED INDIVIDUAL (Please Print)

TITLE

SIGNATURE

DATE