



**DETROIT SPRING, INC.**

Application for Credit

*The following information must be completed in FULL and will be held in confidence*

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No (\_\_\_\_) - \_\_\_\_\_ Fax No (\_\_\_\_) - \_\_\_\_\_

E-mail \_\_\_\_\_ Web Page \_\_\_\_\_

Sales Tax No \_\_\_\_\_ Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Principal(s) Officers \_\_\_\_\_

Finance: BANK: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone No ( ) - \_\_\_\_\_

Trade References

1. Company Name \_\_\_\_\_ Phone No (\_\_\_\_) - \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone No (\_\_\_\_) - \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone No (\_\_\_\_) - \_\_\_\_\_

4. Company Name \_\_\_\_\_ Phone No (\_\_\_\_) - \_\_\_\_\_

Approximate monthly purchases from us? \_\_\_\_\_

Delivery Address if different from above \_\_\_\_\_

Purchase order required? \_\_\_\_\_ Special Billing Instructions: \_\_\_\_\_

E-mail Invoices? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Terms: Net 30. 1-1/2 % service charges (18%per annum) on all accounts past due.

COD. on all accounts over 45 days past due.

We certify that the information on this form is correct and that we fully understand the terms on which credit is provided.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_