



DWL INDUSTRIES CO.
65 Industrial Road, Lodi, NJ 07644
T: 973)916-9958 F: 973)777-7894

Credit Application

PLEASE FAX US YOUR RESALE CERTIFICATE (ST-3 OR ST-3NR)

Company Information

Business Type: _____ Resale #: _____

Company: _____ Yrs. In Bus.: _____

Billing Address: _____ Apt/ Bldg/ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Preferred Method of Billing: Postal Mail Email: _____

Shipping Address: _____

Contact Information

1) Owner/ President: _____ Telephone: _____ Email: _____

2) Accounts Payable: _____ Telephone: _____ Email: _____

3) Purchaser: _____ Telephone: _____ Email: _____

Bank Reference

Name: _____ Account #: _____

Address: _____

Contact: _____ Telephone: _____ Fax: _____

Supplier Reference

1) Company: _____ Account #: _____

Address: _____ Contact: _____

Email: _____ Telephone: _____ Fax: _____

2) Company: _____ Account #: _____

Address: _____ Contact: _____

Email: _____ Telephone: _____ Fax: _____

3) Company: _____ Account #: _____

Address: _____ Contact: _____

Email: _____ Telephone: _____ Fax: _____



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Certification and Authorization to Release Information

We, _____ (Company), hereby certify that the information provided in this application is correct. The information included in this application is for the use of D.W.L Industries Co. in determining the amount and conditions of credit to be extended. We understand that D.W.L. Industries Co. may utilize other sources of credit information which may be reliable in making this determination. Further, I, _____, hereby authorize the attached mentioned Bank and Supplier References to release the requested information necessary to assist D.W.L. Industries Co.

Authorized Signature: _____ **Date:** _____

Printed Name: _____