

APPLICATION FOR CREDIT



DATUM FILING SYSTEMS, INC.
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Emigsville, PA 17318-0355
TEL: 800-828-8018 · FAX: 888-345-4641
www.datumfiling.com
accounts.receivable@datumfiling.com

DATE: _____
COMPANY NAME: _____
ADDRESS: _____
CITY : _____ STATE: _____
ZIP CODE: _____ PHONE: _____
FAX: _____
CONTACT NAME: _____ TITLE: _____
EMAIL: _____ WEBSITE: _____
EXPECTED YEARLY PUCHASES: _____ DUN & BRADSTREET #: _____ RATING: _____

TRADE REFERENCE:

1) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____
CONTACT NAME: _____

2) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____
CONTACT NAME: _____

3) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____
CONTACT NAME: _____

BANK REFERENCE:

ACCOUNT #: _____
NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT NAME: _____

SALES INFORMATION:

SALES PERSON(S) NAME(S): _____

ACCOUNTS PAYABLE CONTACT: _____
RESALE TAX I.D. #: _____ STATE: _____

SHIPPING INFORMATION:

PREFERRED FREIGHT CARRIER: _____
CHECK ONE: _____ PREPAID & ADD OR _____ COLLECT
SPECIAL INSURANCE OR REQUIREMENTS: _____

PLEASE NOTE:

*Deposits are required for all 1st time orders and until credit has been established.
Our standard terms are net 30 and we do offer prompt pay discounts.*

To the best of my knowledge the above facts are represented as true. I am aware that falsification of information may result in denial of credit. My signature indicates permission for Datum Filing Systems, Inc. to obtain credit information from the provided trade references and external credit reporting agencies.

Officer/Owner

Signature

Date

FOR OFFICE USE ONLY

APPROVED BY: _____

CREDIT LIMIT: _____

DATE: _____