



# DORTRONICS SYSTEMS, INC.

1668 Sag Harbor Tpke., Sag Harbor, N.Y. 11963 • Tel (631) 725-0505 • 800-906-0137 • Fax (631) 725-8148

## CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_ PH: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ FX: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PRINCIPALS

### TITLE OR POSITION

NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PH: \_\_\_\_\_ EXT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \$ \_\_\_\_\_

### CREDIT REFERENCES

1: \_\_\_\_\_ 2: \_\_\_\_\_

PH: \_\_\_\_\_ FX: \_\_\_\_\_ PH: \_\_\_\_\_ FX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

3: \_\_\_\_\_ 4: \_\_\_\_\_

PH: \_\_\_\_\_ FX: \_\_\_\_\_ PH: \_\_\_\_\_ FX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

### TERMS & CONDITIONS:

In consideration of credit extended we agree to pay invoices due within 30 days.

A 2% interest fee may be applied to past due invoices.

#### DEFAULT:

In the case of default, all collection charges, Lawyers fees and interest will be borne by the applicant Company.

We understand your terms and conditions as stated above and agree to abide by them in making this application for credit. I also understand that an investigative consumer report may be made.

We hereby authorize the release of any information from the above business references and our bank.

**ALL REPLIES WILL BE KEPT CONFIDENTIAL**

**Signature required below by Company officer or duly authorized representative.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_