



# DENICHI COMPUTER DEVICES

404 W. Powell Lane, Suite 101, Austin, TX 78753

Office: (512) 837-2655 • Fax: (512) 837-1694

## Credit Application

### **Business Information**

Name of Business: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Legal Name (if different from above): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Started: \_\_\_\_\_ D&B Number: \_\_\_\_\_

Annual Sale: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_ Resale ID Number: \_\_\_\_\_

### **Principle Office of Company**

President: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Purchaser: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Acct Payable: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

CFO: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

### **Bank References**

Bank Name: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Saving Account #: \_\_\_\_\_

### **Credit Line/Loan Information**

Bank Name: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Saving Account #: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_



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**Trade References** *(A minimum of three vendors is required to process this application)*

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (     )     - \_\_\_\_\_  
 Account #: \_\_\_\_\_ Open Date:     /     / \_\_\_\_\_  
 Credit Term: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (     )     - \_\_\_\_\_  
 Account #: \_\_\_\_\_ Open Date:     /     / \_\_\_\_\_  
 Credit Term: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (     )     - \_\_\_\_\_  
 Account #: \_\_\_\_\_ Open Date:     /     / \_\_\_\_\_  
 Credit Term: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**Customer Authorization**

This credit application and agreement is summated to Denichi Computer Devices (hereafter referred to as Denichi) in order to obtain credit. All statements made herein are true and accurate to the best of our knowledge. We agree that all merchandise purchased from Denichi is for the purpose of resale.

We authorize Denichi to make any inquires necessary for action on this credit application and hereby indemnify Denichi and its agents from any liability resulting from their credit research.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



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**PLEASE FAX/MAIL THIS LETTER DIRECTLY TO YOUR BANK !**

DATE: \_\_\_\_\_  
BANK: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RE: \_\_\_\_\_

Please release to Denichi Computer Devices information regarding the following:

Checking Account:

Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Opened: \_\_\_\_\_  
Account Average Balance: \_\_\_\_\_  
How many bounced checks in this account? \_\_\_\_\_  
Rating: \_\_\_\_\_  
Comments: \_\_\_\_\_

Please mail this completed request form to the above address. **THANK YOU !**

Customer Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Bank Officer Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Title: \_\_\_\_\_