

D.M.J CASTING INC.

Application for credit

Company Name _____
Billing Address _____
City _____ State _____ Zip _____
Tel _____ Fax _____
Email _____ Website _____

Name of Owner _____
Authorized Buyer _____
Name of Account Payable _____
Accounts Payable Email _____
Type of Business _____ Corporation _____ Partnership _____ Individual
Valid Sellers ID _____
Date business was established ____/____/____
Is there an AML Program instituted _____
Compliance Officer _____

Bank Reference

Name _____
Address _____ Tel _____

List three trade references, not including watch, display or findings companies.

1-Name _____ Phone _____
Address _____

2- Name _____ Phone _____
Address _____

3- Name _____ Phone _____
Address _____

Terms of Account: If granted credit by your firm, we personally agree to pay all invoices according to the agreed terms. We agree to pay any expenses, including interest of 1.5%/ month and any collection & legal fees that may occur in the collection of late payments.

I understand that once account had been established, credit limits will be increased or reduced.

I do understand and agree to the above policy.

Name (print) _____

Signed _____ Date ____/____/____

Please Return by Fax 212.719.1956

TEL: 212.719.1951

DMJ CASTING INC. 62 WEST 47 TH STREET SUITE #508 NEW YORK NY 10036