



6779 Engle Road, Suite A- F
Cleveland, OH 44130-7926

www.danly.com
Fax (440) 239-7605
Phone (877) 534-8986

CREDIT APPLICATION FORM

COMPANY NAME: _____	DATE: _____
Billing Address _____ City/State/Zip _____	
Phone _____	Fax _____
Accounts Payable Contact _____	E-Mail _____
Web Address _____	
Shipping Address _____ City/State/Zip _____	
Phone: _____	Purchasing Contact _____
Fax _____	Duns # _____
Estimated Sales: \$ _____	No. Of Employees _____
Credit Line Requested _____	# of Years in Business _____

TYPE OF BUSINESS

_____ Corporation in state of _____	_____ Sole Proprietorship
_____ Subsidiary of _____	Owner _____
_____ Division of _____	_____ Partnership List Partners: _____

TRADE REFERENCES

****Please Submit Financials****

Company Name _____	Phone # _____
Address _____	Fax # _____
Company Name _____	Phone # _____
Address _____	Fax # _____
Company Name _____	Phone # _____
Address _____	Fax # _____
Company Name _____	Phone # _____
Address _____	Fax # _____



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BANK REFERENCE

Bank Name _____	Phone # _____	
Address _____	Contact _____	

Account # Checking _____	Savings _____	Loan _____

*****STATE TAX: All purchases will be taxed unless we receive the appropriate state resale or exemption certificate. Please fax a copy for our records.*****

The above information is for the purpose of obtaining credit & is warranted to be true. Danly IEM is hereby authorized to investigate the information pertaining to our credit worthiness and financial responsibility. The following endorsement is evidence of the company's financial responsibility, ability, & willingness to pay invoices in accordance with invoice terms. The extension of credit (if any) is controlled solely by Danly IEM and may be cancelled at any time.

Signature _____ Date _____

Printed _____ Title _____