



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: \$ _____

TRADE 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 of invoice date.
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: _____