



NEW ACCOUNT APPLICATION



FAX TO: (617) 507-5618 (with Business Certificate)

Legal Name & DBA _____ REP _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Name(s) of Authorized Buyers: _____

Proprietor Partner Corp LLC Year Created _____

Owner/President _____ Phone _____

Partner/Vice President _____ Phone _____

Bank Name _____ Account# _____ Contact _____

Bank Branch & Address _____ Bank Phone _____

Authorized Signer(s) _____

Will pay by COD With COMPANY CHECK

Will pay with CREDIT CARD

Cardholder _____ Account # _____ Exp Date _____

Billing Address _____ City _____ State _____ Zip _____

Wish to APPLY FOR CREDIT

1) Reference Name _____

2) Reference Name _____

Contact _____ Phone _____

Contact _____ Phone _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Net account payments must be kept in a timely basis. Credit Hold status will be placed on ALL accounts overdue. When this happens, all shipping will cease until payment has been brought up to date. Delinquent invoices are subject to a 1.5% service charge per month. In the event of default, reasonable attorney fees and collection costs will be charged where permitted by law. Net accounts will be closed if payment agreements are not kept. There will be a \$25.00 service charge on all returned checks.

I certify that the facts contained in this document are true and complete to the best of my knowledge. I hereby authorize the investigation of all references listed above to obtain pertinent information and understand that any information obtained will be held in confidence. My signature below authorizes full release of this information to DAXX Group, Inc. We agree to abide by all terms set on this application and authorize DAXX Group, Inc. to review our personal and company credit information.

AUTHORIZED SIGNATURE _____ **TITLE** _____

PRINT OR TYPE NAME _____ **DATE** _____