CREDIT APPLICATION / AGREEMENT		
P.O. Box 550220 Dallas, TX 75355-0220 (972) 494-1455		
For Internal Use Only:	Date:	
Date Application Received:		
Customer # Assigned:	Sales/Marketing Rep:	
Dalco Athletic Lettering, Inc. Credit Application / Agreement This credit application and agreement is concurrent with and in addition This credit agreement must be fully completed, signed and returned to considered.		
Monthly line of credit requested: \$		
General Business Information		
Legal / Registered Name of Business:		
Sales Tax Exemption #:		
RESALE CERTIFICATE I hereby certify: that the above named company holds limited Sales T and use tax law, and that the tangible personal property described be of hereof, which will be purchased from you will be resold, rented or l any use of tangible personal property other than retention, demonstra of business, the use shall be taxable to us as of the time when tangib personal property to us shall be deemed the measure of the tax. Desc Clothing, Heat Seal Machines & Accessories. * The Comptrollers Ruling No. 5 provides that the description of prop purchased for resale, or (2) a general description of the kind of perso	low, or which is shown in the at leased by us in the form of tang ation or display while holding it le personal property is first so u cription of property to be purcha erty may include: (1) Either an it	tached order of invoice which is made a part ible personal property; however, if we make for sale, lease or rental in the regular course used, and the sales price of the tangible used* all types of Athletic Lettering, Transfers, remized list of the particular property to be
Bill To Address:		
City:	State:	Zip Code:
Ship To Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	
Email:	How long at this address:	
Premises are (choose one): Rented Owned	Leased	
How long in business at this company:		
Legal form of business: Corporation Partnership	Proprietorship	Holding Company
If subsidiary, please provide name and address of parent company	/:	
Name of landlord (if any):		
Name and telephone number of accounts payable contact (if any):		
Is company registered with your Secretary of State?	es 🗌 No Federal Tax ID	#:
If yes, give date and state of incorporation:		
Ownership Details (Principals)		
Name:	Title:	
Address:	Phone#:	
Name:		
Address:		
Name:		
Address:		