



CREDIT APPLICATION

Dayton-Granger – Account Receivables
P.O. Box 350550
Ft. Lauderdale, FL 33335-0550
t. (954) 463-3451 f. (954) 761-3172

The information provided on this application will be held in the strictest confidence. In addition you may provide any relevant financial reports or other information that will assist in processing this application.*

Company Name:			Federal Identification # :		
Phone # :	Fax # :	Type of Business:		Year Business Started:	

Principal Name	Title

Billing Address			Shipping Address		
Address:			Address:		
Address Line 2:			Address Line 2:		
City:	State:	Zip:	City:	State:	Zip:

Bank Reference					
Bank Name:		Attn:		Account# :	
Address:		City:		State:	Zip:
Phone:	Fax:	E-Mail Address:		Website:	

Trade References					
Name:		Attn:			
Address:		City:		State:	Zip:
Phone:	Fax:	E-Mail Address:		Website:	

*Companies that have not done business with DG within a two year period are subject to refiling a credit application.



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Name:		Attn:	
Address:		City:	State: Zip:
Phone:	Fax:	E-Mail Address:	Website:

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Address:		City:	State: Zip:
Phone:	Fax:	E-Mail Address:	Website:

Credit Limit Desired:

Credit limit maybe based on previous trade and banking references but subject to the discretion of the DG Credit Department.

Principal Signature

Principal Signature