



**CREDIT ACCOUNT APPLICATION
FOR OFFICIAL USE ONLY.**

All information will be held in strict confidence.

Date: _____ DynaSis Sales Representative: _____

BUSINESS TYPE: (Medical, Government, Contracting, etc...) _____
 Sole proprietorship Partnership Corporation

Number of years in business: _____ FEI# _____

COMPANY NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Are purchase orders required for payment? Yes No

BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Accounts Payable Contact: _____ Duns # _____

OWNERS / CORPORATE OFFICERS

NAME: _____ HOME ADDRESS: _____

1. _____
Position: _____ Home Phone: _____

2. _____
Position: _____ Home Phone: _____

BANK REFERENCES

INSTITUTION NAME: CONTACT: ACCT# PHONE:

1. _____

2. _____

I hereby authorize the above bank to release to DynaSis any information relating to this application.

X

TRADE / VENDOR REFERENCES

Company Name: CONTACT & TITLE: ACCT # PHONE:

1. _____

2. _____

3. _____

TERMS: In consideration of the granting of a Net Credit Account, the undersigned Guarantees to DynaSis Integrated Systems Corporation, its successors and assigns, the prompt payment of all sums due. As the undersigned shall derive a financial benefit from the extension of this account, the Undersigned acknowledges that this Guarantee is of payment and of collection, including notices filings, and legal fees.

Signed _____ Title _____ Date _____