



DEX Products, Inc.
602 Stone Road • Benicia, CA 94510
P: 800-546-1996 • F: 800-546-1057

APPLICATION FOR OPEN ACCOUNT

Company Name:	(Legal):	
	(DBA):	Date Established:
	CA TAX ID:	

Billing Address:	
City/State/ Zip:	
Shipping Address <input type="checkbox"/> if same as Billing address:	
City/State/Zip:	
Telephone #:	Fax #:
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner	

Principles:	Title:	Name:
	Title:	Name:
	Title:	Name:
	Person to contact regarding account status:	
	Telephone #:	Fax #:
	Email Address:	

Bank Reference:	Name:	Branch:
	Account #:	Telephone #:
	Officer to contact:	Fax #:

Trade Refer:	1.	Company Name:	Contact Person:
		Telephone #:	Fax #:
		Account #:	Email Address:
	2.	Company Name:	Contact Person:
		Telephone #:	Fax #:
		Account #:	Email Address:
	3.	Company Name:	Contact Person:
		Telephone #:	Fax #:
		Account #:	Email Address:

The undersigned hereby agrees and warrants that all statements made on this application are true and correct. Further, I agree to pay in accordance with my approved credit terms. I understand and agree there will be a service charge, not to exceed 1% per month (12% per Year) on any past due balances. If the account is assigned for collection with an attorney or collection agency, I hereby agree to pay attorney fees, collection and court costs incurred.

Customer Signature _____ Date _____
 Title _____