

# Directional Systems

The undersigned company is applying for credit with Directional Systems and agrees to abide by the standard terms and conditions of Directional Systems.

Company's Legal Name: \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Contact person: \_\_\_\_\_ Position with Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal tax ID or Social Security number: \_\_\_\_\_

Person responsible for Accounts Payable: \_\_\_\_\_ Email Address: \_\_\_\_\_

Accounts Payable Address: \_\_\_\_\_

Accounts Payable Phone: \_\_\_\_\_ Accounts Payable Fax: \_\_\_\_\_

Type of business: \_\_\_\_\_ Date business established: \_\_\_\_\_

Authorized purchasers: \_\_\_\_\_

Charge Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a:

- Corporation       Partnership       Sole Proprietorship

Reference #1      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference #2      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference #3      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## BANK REFERENCES

Bank #1      Name of bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank #2      Name of bank \_\_\_\_\_ Account # \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I represent that the above information is true and is given to induce Directional Systems to extend credit to the applicant. My company and I authorize Directional Systems to make such credit investigation as Directional Systems sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Directional Systems any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

- 1. Invoices are payable in 30 days.**
- 2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our A/R Department.**
- 3. PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.**

Please return this form via fax to: (877) 827-8291