



DISCOUNT FILING SUPPLIES

BUSINESS CREDIT APPLICATION

Business Name: _____ Phone Number: _____
 Billing Address: _____ Fax Number: _____
 City: _____ State: _____ Zip: _____ Street Address: _____
 A/P Contact Name: _____ City: _____ State: _____ Zip: _____
 A/P Phone Number: _____ Email: _____
 A/P Fax Number: _____ DUN's Number: _____

GENERAL BUSINESS INFORMATION

Type of Business: _____ Officer's Name & Title: _____
 Are Purchase Orders Required?: _____
 How Long has Applicant Been in Business? _____ Officer's Name & Title: _____
 How Long has Applicant Been at Present Location? _____ Officer's Name & Title: _____
 Can You Anticipate Highest Credit Amount with us: _____ Officer's Name & Title: _____

Resale Yes No Tax Exempt Yes No If "yes", Sales Tax #: _____

Please send copy of Tax Exemption Certificate. Sales tax will be added until Tax Exemption Certificate, or Resale Certificate, is provided.

BANK REFERENCE

Bank Name: _____ Officer Handling: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____

BUSINESS CREDIT REFERENCE

Please Include account number with company names. To avoid any delay in processing, complete in full. INFORMATION TO BE HELD IN CONFIDENCE.

1. Company : _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____

2. Company : _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____

3. Company : _____ Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____

Applicant certifies that the above information is correct. In support of this application, Discount Filing is hereby authorized to obtain credit and/or financial information from any source. Upon approval of this application, it is agreed that all purchases made will be paid in full within 30 days of the date of the invoice. Discount Filing reserves the right to obtain assistance in collection of any monies due after 60 days of the date of the invoice. I/we agree to pay all attorney fees, collection agency fees and/or court cost rendered to collect monies due. All products purchased shall remain property of Discount Filing until complete payment funds are processed and cleared by bank. The undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements in its behalf. This agreement shall be governed by and interpreted under the laws of the State of Georgia, Fulton County.

If desired, you may send your company pre-printed form (if available) to complete references. Upper portion must be filled out completely, signed and dated at the bottom.

Please Fax completed Application to:

~~404-474-8629~~

Signature: _____
 Name: _____
 Title: _____
 Date: _____

For DFS Credit Dept. Only Credit Approved
 By: _____ Date: _____
 Customer Number: _____