DIRECT CABINET SALES

Phone:

(609) 664-5000 180

180 Herrod Boulevard

Dayton, NJ 08810

(908) 587-9588

Fax:

□Clark

□Red Bank

☐ Cherry Hill

□Manahawkin

□Boca Raton

CREDIT APPLICATION

Purchaser(s)	Phone	
Address		StateZip
Sales Person	Credit line requested \$	
Ship to Location: Street		
BANK REFERENCE Street	City	State
Account Number(s)	C	ontact
Bank Name:	Phone ()	Fax ()
Address	City	
TRADE REFERENCES		
1. Company Name:	Phone ()	Fax ()
Address	City	StateZip
2. Company Name:	Phone ()	Fax ()
Address	City	StateZip
3. Company Name:	Phone ()	Fax ()
Address	City	StateZip
4. Company Name:	Phone ()	Fax ()
Address	City	StateZip
this application to furnish in It is understood that Direct Cabin fee of one and one half (1 ½) per pay costs of collections including DCS or any of its subsidiaries or liens on property being improve goods, wares, and merchandise. its affiliates the undersigned will	and releases all banks persons iformation and authorize the onet Sales or any of its subsidiaries of the content a month on any past due balang a reasonable attorney's fee of 33 raffiliates reserves any and all of its d by or on behalf of the undersigned. The undersigned agrees that if cred be responsible for all invoices as poe true, accurate, and personally gui	checking of credit. or affiliates may impose a late aces, and the undersigned will 1/2%. It is also understood that is legal rights to place a lien or d after 30 days delivery of lit is granted by DCS or any of presented. I (we) certify the
Print Name & Title	Purchaser's Signat	ure Date

All purchasers' signing this application must attach a copy of valid state drivers' license and social security card confirming your social security number. (NO EXCEPTIONS).