



PROVEN DESIGN PRODUCTS

12330 Will Mill Dr., Milford, MI 48380
Ph. 248-676-2556 Fax. 248-624-3341

Dealer-Credit Application

COMPANY NAME _____ DBA _____

ADDRESS (Shipping) _____

CITY _____ STATE _____ ZIP CODE _____ Country _____

ADDRESS (Billing) _____

CITY _____ STATE _____ ZIP CODE _____ Country _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____ WEBSITE _____

Company Type: Corporation Partnership Sole Proprietorship LLC _____ Years in Business _____

ANNUAL SALES \$ _____ STATE SALES TAX NUMBER (RESALE #) _____

Purchase Order Required Yes No _____ Employees Approved to Order _____

OWNERS NAME _____ OWNERS NAME _____

HOME ADDRESS _____ HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

List four businesses with whom you currently do business on credit:

Name	Address	Phone Number

Payment Terms:

Visa/Mastercard Card Number _____ EXP DATE _____ 3-Digit Code _____

Name and billing address for card. Name on card _____

Address _____ City _____ State _____ Zip _____

I (we) hereby certify that the statements in this application for open account credit are true and complete. I (we) agree to pay all bills when same come due or payable pursuant to the terms of sale. I (we) further agree to pay all carrying charges not to exceed 1-1/2% per month on past due balances, if applicable, and all collection fees plus reasonable attorney's fees in the event action is commenced against the firm for non-payment. Further, I (we) personally guarantee and will be individually responsible for all debts incurred by the firm requesting credit terms herein and its representatives. I (we) grant security interest all inventory proceeds from inventory sold to us by Proven Design Products, LLC.

Print Name _____ Signed _____ DATE _____

Print Name _____ Signed _____ DATE _____

APPLICATION MUST BE SIGNED BY OWNER OR OFFICER AND RETURNED TO OUR OFFICE VIA FAX OR EMAIL

FAX: 248-624-3341

EMAIL: info@provendesignproducts.com