



Application for Net 30 Payment Terms with DJL Systems, Inc.

DJL Systems, Inc.
P.O. Box 33
North Billerica, MA 01862
(800) 617-4656
(978) 608-9482 (fax)
FEID: 20-0259385

APPLICANT INFORMATION:

Applicant's Name: _____ Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Email Address*: _____

*Your email address will only be used for general correspondence and will not be shared or sold to 3rd parties.

AP contact person: _____ Title: _____ Phone: _____

Type of Business: _____ Year established: _____

Federal ID #: _____ Dun and Bradstreet# (D&B): _____

BANK REFERENCE:

Name of bank: _____ Contact name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone with area code: _____ FAX: _____

Checking Acct. No.: _____ Savings Acct. No.: _____

TRADE REFERENCES:

Name (1): _____ Phone: _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

Account#: _____ Contact: _____

Name (2): _____ Phone: _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

Account#: _____ Contact: _____

IS YOUR BUSINESS A: (circle one)

Sole-proprietorship Partnership Corporation Non-profit org. Government Other: _____

The signature below may also be used as a signed release of information for the above bank and trade references.

PAYMENT GUARANTEE (NET 30 TERMS):

The undersigned as an authorized representative of the above listed company hereby guarantees the full, prompt, and punctual payment of all purchases made by the applicant listed above upon receipt of invoice. This is a continuing guarantee until revoked in writing and acknowledged by DJL Systems, Inc. The undersigned waives notice of any default of this guarantee and promises to pay all costs of collection and reasonable attorney's fees incurred by DJL Systems, Inc. in the event that this guarantee of payment is placed in the hands of an attorney for collection. **Terms accounts with a balance carry a \$12.95 per month processing fee which will be added to your statement. Account balances over 30 days old will be subject to a late charge of 1-1/4% per month (15% per annum).**

AUTHORIZED SIGNATURE: _____ Title: _____

Name (please print): _____ Date: _____