



## SALES / CREDIT CUSTOMER SET-UP

Please complete the form below. Fax the form and a copy of your Repair Station Certification to DPI Labs, Inc.

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

Company Name: \_\_\_\_\_

DBA \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Buyer's Name(s): \_\_\_\_\_, \_\_\_\_\_

Phone # \_\_\_\_\_

\*Repair Station Number: \_\_\_\_\_ D&B Duns# \_\_\_\_\_

\*Resale Number: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**\*Required information**

**SHIP TO:** (list additional ship to addresses on back)

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_

(Permanent Carrier)

Ship Via: \_\_\_\_\_ FOB: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Account # \_\_\_\_\_

Special Delivery Instructions:

\_\_\_\_\_

\_\_\_\_\_

**FOR CREDIT DEPARTMENT USE ONLY:**

Credit Application Sent: \_\_\_\_\_ Received: \_\_\_\_\_

Repair Certificate \_\_\_\_\_ Date On File: \_\_\_\_\_

Credit Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ Pricing: \_\_\_\_\_

Information entered into DBA by: \_\_\_\_\_ Date: \_\_\_\_\_