Email to: info@DoigCorp.com

APPLICATION FOR CREDIT

BUSINESS INFORMATION

Name of Company:

Affiliate Companies (if any):

Address:

2nd Address Line:

City: State: Zip Code:

Telephone: Fax:

Shipping Address (if different):

2nd Address Line:

City: State: Zip Code:

Person In Charge Of Accounts Payable:

Number Of Years In Business:

Tax ID Number:

CREDIT REFERENCES (IN THE U.S)

Reference #1

Name of Reference:

Address:

City: State: Zip Code:

Account #:   Contact Person:

Telephone: Fax:

CREDIT REFERENCES (IN THE U.S)

Reference #2

Name of Reference: [   ]

Address: [   ]

City: [   ]   State: [   ]   Zip Code: [   ]

Account #: [   ]   Contact Person: [   ]

Telephone: [   ]   Fax: [   ]

CREDIT REFERENCES (IN THE U.S)

Reference #3

Name of Reference: [   ]

Address: [   ]

City: [   ]   State: [   ]   Zip Code: [   ]

Account #: [   ]   Contact Person: [   ]

Telephone: [   ]   Fax: [   ]