## **CREDIT APPLICATION**



Company	Phone #	Fax #
Billing Address		
Please list Owners or Principal Offi	cers below.	
Name	Title	
Name		
Check one: ☐ Corporation ☐ Pa		er
If your company is publicly traded	list market traded on	Symbol
If your company is a Private comp	any: Date of Incorporation	
Federal Tax ID #	Web Address	
Years in Business	# of Employees	Contact Name
Phone #	Email Address	
Account Number  BUSINESS / TRADE REFERENCE  Business Name		
		Fax #
AGREEMENT  I certify that the information provio make such inquires as it is deemed responsibility of the applicant.  Unpaid accounts will be considered	ed in this application is true and correct. I hereby necessary to investigate references and other sou in default after thirty (30) days. Interest shall acci ANNUAL PERCENTAGE RATE OF 18%. Company a	authorize AiA Industries, LLC dba DĀLYTE to rces pertaining to credit and financial rue on any unpaid balance after thirty (30) days
reasonable costs and attorney's fee	s incurred in collection of delinquent accounts.	grees to pay said derault interest together with
I accept these terms and conditions.		
Signed	Title	Date
PERSONAL GUARANTEE I personally guarantee payment and	d all indebtedness of this account and agree to be	bound by the terms and conditions noted above.
Signed	Title	Date