

DIECI United States, LLC 41214 Route 6, PO Box 741, Wyalusing, PA 18853

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CREDIT ACCOUNT APPLICATION

Company Name:		Date:
Address:		
City:	State:	Zip:
Phone:	Email:	Fax:
Business Type:Sole I	PropietorshipPartnershipCo	rporation in State of
Number of Years in Busine	ess: ID# (SS or FEIN #)	DNB #
Name and Address of Indi	vidual or Partner/Title/Phone of Corporate Of	<u>fficers</u>
Name of Person to Contac	t Regarding Purchase Orders and Invoice Payr	
Bank Reference:	Bank Account #, Contact	Phone Number
Trade References: Compa	ny Name, Address, Contact & Title	<u>Fax Number</u>
		-
The above information is he	erewith submitted for the purpose of opening an account	and I do hereby certify this information to be true.
I authorize DIEC	CI United States, LLC, to verify any of this niformation for	the purpose of establishing an account.
	I understand that ANY information will be treated	d confidentially.
Signed:	Title:	Date:
Print Name:		

PLEASE FAX THIS COMPLETED DOCUMENT BACK TO 412.458.1084 OR EMAIL TO: GloriaB@DieciEquipmentUSA.com