

**Dymin Systems, Inc**

5500 NW Johnston Drive Suite G  
Johnston, IA 50131  
Info@dyminsystems.com

Toll Free:(800)811-3661  
Local:(515)276-7447  
Fax:(515)276-9445

**APPLICATION FOR CREDIT**

Legal Name \_\_\_\_\_ DUNS # \_\_\_\_\_

Operating Name if Different \_\_\_\_\_

Business Location \_\_\_\_\_  
Postal Code \_\_\_\_\_

Mailing Address if Different \_\_\_\_\_  
Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Years in Business \_\_\_\_\_ Nature of Business \_\_\_\_\_

Approx # of Employees \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_

Proprietorship, Partnership or Corporation \_\_\_\_\_

Business License # \_\_\_\_\_ Federal ID # \_\_\_\_\_

**NAMES OF PRINCIPALS OR OFFICERS**

Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

**COMPANY INFORMATION**

Purchasing Agent \_\_\_\_\_ Payable Contact \_\_\_\_\_

Are purchase orders given for all jobs? \_\_\_\_\_

**DETAILS OF BANK ACCOUNTS**

1) Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Account No. \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

2) Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Account No. \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade References	Contact Person	Phone Number
1)		
2)		
3)		

**REQUIRED – CREDIT CARD INFORMATION**

Circle Type of Credit Card: MC VISA AMEX DIS

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Name on Card \_\_\_\_\_

**Terms of Sale**

Dymin Systems terms of sale are net 30 days from date of invoice. All invoices not paid in a timely manner may cause interruption of credit extension unless arrangements are made with the credit department. Invoices not paid within ninety (90) days will be charged to your credit card. Dymin Systems will automatically assess a 2% finance charge per month on all past due invoices. Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees.

**Billing Rights**

If you think your bill is wrong, or if you need additional information about a transaction on your bill, write, email or fax us on a separate sheet at the address listed on your bill. Write as soon as possible. We must hear from you no later than 15 days after we sent you the first bill on which the error problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name, account name and account number
- The dollar amount of the suspected error and the invoice number
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about

Once your letter is received we must acknowledge the letter within 15 days unless we have corrected the error by then. Within 30 days we must either correct the error or explain why we believe the bill was correct. After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

**Security Interest**

Each creditor grants us a purchase money security interest under the Uniform Commercial Code in each item of merchandise purchased on the Account, to the extent permitted by law, to secure only the purchase price of the merchandise (including freight costs and sales tax) until that amount is paid in full. If you do not make payments as agreed, this security interest allows us to repossess, to the extent permitted by law, only the merchandise which has not been paid in full. If the merchandise is intended to be installed as a fixture, our security interest is effective before installation. We waive any right to a security interest or lien on your dwelling to secure this account that may arise by operation of law or that gives rise to a right of rescission under the Federal Truth in Lending act. However, we do not waive any lien created, obtained or granted in a collection proceeding or by judgement or other court order. You understand and agree that you are responsible for any loss or damage to the merchandise until the purchase price is fully paid.

**Applicant's Statement**

By signing below, the applicant authorized Dymin Systems to investigate your credit, employment and income references, to obtain credit bureau reports on you and to report to third parties and credit bureaus your performance on your account. Applicant gives all of Applicant's creditors banking relationships permission to give Dymin Systems any information it needs to make a credit decision. Applicant agrees that jurisdiction and venue shall be in the state or federal courts in Polk County, IA. The undersigned also certifies that the information provided in all sections of this credit application is true and correct.

\_\_\_\_\_  
Applicant's Name and Title (printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date