



CREDIT APPLICATION

INSTRUCTIONS: All of the following information is necessary to open your account. Please be sure to read over this application carefully, fill it out completely, and have an officer of the company sign it. Please email the completed application to ar@dcl-usa.com or fax to 504-947-8557. If you have any questions, please do not hesitate to call us at 504-944-3366.

FULL NAME OF COMPANY: _____

PHONE: _____ FAX: _____ EMAIL: _____

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____

DATE EST: _____ CORP: _____ PARTNERSHIP: _____ SOLE PROP: _____ OTHER: _____

D & B NUMBER: _____ TAX ID: _____ A/P CONTACT: _____

OWNER/PRESIDENT: _____ CHIEF ACCOUNTING OFFICER: _____

TAX STATUS (PLEASE LIST STATE, PARISH /COUNTY): _____

• **In order to be tax-exempt from taxes you must provide a tax exemption certificate of either parish, state or both.**

BANK: _____ CONTACT: _____

PHONE: _____ FAX: _____ ACCOUNT: _____

TERMS AND CONDITIONS

By signing below, Company is agreeing to the terms and conditions of the Master Purchase Agreement, which can be downloaded from our website at: http://dcl-usa.com/dcl_cust_terms.pdf. If you are unable to download the Master Purchase Agreement, please contact us immediately at 504-944-3366. The Master Purchase Agreement allocates the risk between you, as purchaser, and DCL, as seller, and includes indemnity obligations. The Master Purchase Agreement also includes payment terms, waivers of damages, and limitations of liability. By signing this application, the Company agrees to the terms of the Master Purchase Agreement.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

CREDIT RELEASE

LOCAL TRADE REFERENCES: PLEASE SIGN THE ATTACHED STATEMENT AUTHORIZING THE RELEASE OF YOUR CREDIT INFORMATION. ALL REPLIES ARE HELD IN STRICT CONFIDENCE. PLEASE PROVIDE FAX NUMBERS ON ALL TRADE REFERENCES.

1. _____ PHONE: _____

EMAIL: _____ FAX: _____

2. _____ PHONE: _____

EMAIL: _____ FAX: _____

3. _____ PHONE: _____

EMAIL: _____ FAX: _____

4. _____ PHONE: _____

EMAIL: _____ FAX: _____

ON BEHALF OF _____, I AUTHORIZE THE RELEASE OF ANY INFORMATION ON OUR ACCOUNT TO DCL MOORING AND RIGGING AND DIVISION OF DREYFUS-CORTNEY, INC. FOR THE PURPOSE OF OBTAINING AN OPEN ACCOUNT.

NAME: _____ **TITLE:** _____

PRINT: _____ **DATE:** _____