



represented to be true and correct.

Account/Credit Application

TEL: 1-877-503-9799 FAX: 1-844-688-0555 E-mail: <u>service@dekkorinc.com</u>

Full Legal Name			
Trade Name			
Address			
City		Prov./State	
Postal/ZIP Code		Federal Tax ID	# (U.S. only)
Telephone		Fax	
A/P Contact		A/P Email	
Purchasing Contact		Purchasing Email	
Form of Business	☐ Corporation □	☐ Partnership	☐ Sole Proprietorship
Estimated Mo. Purd	chases # of Emplo	yees	Date of Inc.
If you wish to ope	n a PREPAID CREDIT CARD a	account, you are	not required to provide banking information
Name of Bank			
Address			
Telephone		Email/Fax	
Bank Account #			
Trade References			
Company Name		Acct #	
Address		·	
Telephone		Email/Fax	
Company Name		Acct #	
Address		·	
Telephone		Email/Fax	
Company Name		Acct #	
Address			
Telephone		Email/Fax	
	ekkor's terms are net 30 days from date of invoif if my account is past due, and that collection		ecified. Furthermore, I understand that my orders

event of non-payment. I make this application on behalf of the above-mentioned company and all information contained herein is

Signature ______Title _____