



CE Sales Office  
 724 Lawn Road  
 Palmyra, PA 17078  
 Tel: 800-233-7009  
 Fax: 800-437-3659

# CUSTOMER Add/Update

DATE: \_\_\_\_\_

Salesperson/Rep. No: \_\_\_\_\_ / \_\_\_\_\_

**BILL TO:**

**SHIP TO:**

**Customer Account No:** \_\_\_\_\_

**\*Tax ID No:** \_\_\_\_\_

**\*Company Name:** \_\_\_\_\_

**\*Contact Name:** \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

**\*Address 1:** \_\_\_\_\_

**\*Address 2:** \_\_\_\_\_

**\*City:** \_\_\_\_\_

**\*State:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**\*Phone#:** \_\_\_\_\_

**\*Fax#:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Owner's Email Address:** \_\_\_\_\_

**Owner's D.O.B.:** \_\_\_\_\_

**Driver's License:** \_\_\_\_\_

**Payables Contact:** \_\_\_\_\_

**\*Phone No:** \_\_\_\_\_

**\*Fax No:** \_\_\_\_\_

**Price Column:** \_\_\_\_\_ ("A" Default)

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address #1:** \_\_\_\_\_

**Address #2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

**Fax#:** \_\_\_\_\_

**P.O. Required:** ( ) Yes ( ) No

**PLEASE CHECK THE FOLLOWING THAT BEST DESCRIBES YOUR TYPE OF BUSINESS**

Internet Business (drop ship to customers)

Consumer Electronics (Brick and Mortar)

CB Shop

Heavy Duty Truck Center

Affiliated with any of the following:  
 Vipar, HD America, Truck Pride, Fleet Pride

RV Dealers (ex: ACA Assoc. /KOA)

Other: Please explain \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

**ADDITIONAL PAPERWORK**

**Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete and include a multijurisdictional form with account profile.

# UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: DAS Companies Inc.

Address: 724 Lawn Road Palmyra Pa 17078

I certify that:  
 Name of Firm (Buyer): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- is engaged as a registered
- Wholesaler
  - Retailer
  - Manufacturer
  - Seller (California)
  - Lessor (see notes on pages 2-4)
  - Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>	_____	MO <sup>16</sup>	_____
AR	_____	NE <sup>17</sup>	_____
AZ <sup>2</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>4</sup>	_____	NM <sup>4,18</sup>	_____
CT <sup>5</sup>	_____	NC <sup>19</sup>	_____
DC <sup>6</sup>	_____	ND	_____
FL <sup>7</sup>	_____	OH <sup>20</sup>	_____
GA <sup>8</sup>	_____	OK <sup>21</sup>	_____
HI <sup>4,9</sup>	_____	PA <sup>22</sup>	_____
ID	_____	RI <sup>23</sup>	_____
IL <sup>4,10</sup>	_____	SC	_____
IA	_____	SD <sup>24</sup>	_____
KS	_____	TN	_____
KY <sup>11</sup>	_____	TX <sup>25</sup>	_____
ME <sup>12</sup>	_____	UT	_____
MD <sup>13</sup>	_____	VT	_____
MI <sup>14</sup>	_____	WA <sup>26</sup>	_____
MN <sup>15</sup>	_____	WI <sup>27</sup>	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
 (Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



Ph: 800-233-7009  
Fx: 717-964-2207

Dear Valued Customer,

Thank you for your interest in doing business with DAS Companies, Inc.

In order to process your credit application efficiently, please include complete addresses, phone numbers, fax numbers, and be sure to sign and date the application.

If this information is not provided, your credit application may not be processed in a timely manner.

**Please fax your completed application to 717-964-3710, attn: Barb Lentz.**

Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Barb Lentz", is written over a light blue rectangular background.

Barbara Lentz  
Credit Manager  
DAS Companies, Inc.  
800-233-7009 ext. 255

**Corporate Office**  
724 Lawn Road  
Palmyra, PA 17078  
[www.dasinc.com](http://www.dasinc.com)



# CREDIT APPLICATION

**FAX YOUR COMPLETED APPLICATION TO 717-964-3710, ATTN: BARB LENTZ**

*Please complete all applicable information. If additional space is required attach another sheet.*

## Business Contact Information

Last:	First:	M/I:	Title
Legal Name of Business:			Tax I.D. Number
Fictitious/Other Business Names:			DUNS Number
Address:			
City:	State:	ZIP:	Phone:
Fax:	Email:		

## Business Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
<i>If DAS determines to provide credit, credit will be extended based on open terms.</i>	
Desired Credit Limit: \$ _____	

## Bank References

Institution Name:	Institution Name:	
Account Numbers:	Existing Loan:	Loan Balance:
Address:	Address:	
Phone and Fax:	Phone and Fax:	



# CREDIT APPLICATION

## Trade References

Company Name:	Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Fax:	Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:	Current Balance:

Are Financial Statements Available? Yes  No  Are they audited? Yes  No  DAS reserves the right to request financial statements at any time both in the initial examination of the credit application and at any time that DAS determines, in its sole discretion, it requires financial statements.

*I hereby certify that the information contained herein is complete and accurate and that the individual signing this application is authorized to do so on behalf of the applicant. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended. Furthermore, I hereby authorize the financial institutions and vendor references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Further, by signing this application I agree to the DAS terms and conditions for credit as set forth below.*

\_\_\_\_\_  
*Signature of Authorized Signer*                      *Print Name/Title*                      *Date*

- Terms and Conditions:**
- All invoices are required to be paid within the terms set out in your agreement(s) with DAS or as notified by DAS and as agreed from time to time with DAS. In the absence of agreed terms or a notification by DAS, all invoices are net 20 days. In the event you reasonably dispute an invoice or a portion of an invoice, you will pay all other invoices or the undisputed portion of a single invoice in a timely manner.
  - If you fail to pay an invoice when due, then you agree to pay DAS a finance charge of 1.5% per month, 18% per year or the amount permitted under applicable law, whichever is less. You will be charged a fee of \$30.00 for any dishonored or returned check.
  - You agree that in event of a default in payment, you shall pay all applicable collection costs and all reasonable attorney fees incurred by DAS in collecting the debt. You authorize release of the credit information and your company information to any attorney or organization that is assisting DAS in the collection of any amounts due to DAS.
  - DAS reserves the right to restrict, deny or withdraw credit at any time based on its reasonable assessment of credit risk. Without limiting the foregoing, DAS may immediately suspend credit due to delinquency in payment or due to insolvency, bankruptcy, change in ownership of your organization or other event that may affect applicant's ability to pay all amounts when due.
  - You are required to inform DAS of any changed circumstances that would alter its decision to extend credit.
  - By setting up this account you certify that you are a registered reseller in each state and country where you are conducting business. You agree to provide a valid sales & use tax certificate (or country equivalent) and that any sales, use, VAT or GST owed will be paid and/or deposited by you.
  - You acknowledge receipt of and to agree to abide by DAS's returns policy which may be modified from time to time at the sole discretion of DAS.
  - You acknowledge and agree that this Credit Application and the information contained may be shared among all of the DAS Companies, Inc. affiliated companies.