

**GENERAL OFFICES & FARGO WAREHOUSE**

Street Address: 1271 Fayland Drive N. - Fargo, ND 58102

Mailing Address: P.O. Box 699 - West Fargo, ND 58078

Phone (701) 282-8451 FAX (701) 282-9486

SIOUX FALLS WAREHOUSE

46895 271st Street. - P.O. Box 278 - Tea, SD 57064-0278

Phone (605) 368-5226 FAX (605) 368-5334

CUSTOMER DATA SHEET & ACCOUNT APPLICATION

BUSINESS INFORMATION *DSI only offers credit to businesses and not to individuals.*

Company Name _____ Application Date ____ / ____ / ____

Shipping Address _____ City _____ State ____ Zip _____

Billing Address _____ City _____ State ____ Zip _____

Telephone No. (____) _____ FAX Number (____) _____

E-Mail Address _____

Business Type: ☐ Corporation ☐ Partnership ☐ Proprietorship

Federal Taxpayer ID Number _____ Date Business Founded _____

List all Owners, Partners, and/or Company Officers

Name _____ Title _____ Social Security No. _____

Name _____ Title _____ Social Security No. _____

Name _____ Title _____ Social Security No. _____

Do you now own or have you previously owned another business? ☐ Yes* ☐ No

*If Yes, under what name(s): _____

Type of Account Terms Requested: ☐ Charge - Net 30 Days ☐ Collect on Delivery ☐ Credit Card

Authorized Buyers: _____

Purchase Order Required? ☐ Yes ☐ No Accounts Payable Contact _____

Brief Description of Business _____

Current Accessories Suppliers _____

REFERENCES

Bank Name _____ Phone No. (____) _____

Account No. _____ FAX No. (____) _____

Street Address _____ City _____ State ____ Zip _____

Officer(s) to contact [please list 2] _____

Continued

References Continued...

Supplier 1 _____ Account No. _____
Phone No. () _____ FAX No. () _____
Address _____ City _____ ST _____ Zip _____

Supplier 2 _____ Account No. _____
Phone No. () _____ FAX No. () _____
Address _____ City _____ ST _____ Zip _____

Supplier 3 _____ Account No. _____
Phone No. () _____ FAX No. () _____
Address _____ City _____ ST _____ Zip _____

Supplier 4 _____ Account No. _____
Phone No. () _____ FAX No. () _____
Address _____ City _____ ST _____ Zip _____

SALES TAX EXEMPTION CERTIFICATION

State Tax Laws require us to have on file a **Certificate of Resale or Processing** from all customers who claim exemptions from Sales Tax. Some goods or services may not be exempt from tax even though you have a Resale Certificate. DSI Automotive Products reserves the right to determine if and when taxes should be charged.

Do you claim an exemption from Sales Tax? ☐ Yes (complete below) ☐ No

We hold Sales and Use Tax Permit No. _____ from the State of _____.
We are engaged in the business of selling parts and accessories and we certify that products and/or services purchased from DSI will be for resale. We will be responsible for any tax obligations due on products or services obtained from DSI that do not qualify for tax exempt status, including items for our own use or consumption.

Certified By _____ **Date** ____ / ____ / ____

VERIFICATION AND RELEASE CONSENT

"I have read the foregoing completed Account Application and Sales Tax Certification and I verify that the information is true and accurate. DSI Automotive Products is hereby authorized to investigate our creditworthiness by any means and our banks and creditors, past or present, are authorized to release to DSI any information it requests pertaining to our credit worthiness. I further agree that if DSI is required to collect delinquent checks or accounts, all collection fees, attorney expenses, court or related costs will be our responsibility. If granted a Charge Account, I understand that the Payment Terms are Net 30 Days (from the Invoice date). Furthermore, I understand that DSI will charge a Late Payment Charge of 1.75% per month on invoices that are not paid within 30 Days and that C.O.D. terms will apply if our account becomes past due."

Business Name _____ **Date** ____ / ____ / ____

By: Name _____ **Title** _____

**Credit
Dept.
Use**

Ref. Requested: Bank ____ / ____ / ____ S1 ____ / ____ / ____ S2 ____ / ____ / ____ S3 ____ / ____ / ____ S4 ____ / ____ / ____

☐ **Approved Credit Limit:** _____ **Salesperson** _____

☐ **Denied Reason:** _____ **By** _____