



HEADQUARTERS & FARGO WAREHOUSE

PO Box 699 - West Fargo, ND 58078-0699
1271 Fayland Drive N. - Fargo, ND 58102
Phone (701) 282-8451

SIOUX FALLS WAREHOUSE

46895 271st Street. - Tea, SD 57064-0278
Phone (605) 368-5226

E-MAIL COMPLETED APPLICATION: DSI@DSIAUTOMOTIVE.COM

CUSTOMER ACCOUNT APPLICATION

#1 - BUSINESS INFORMATION **DSI only offers accounts to verified businesses*

Company Name _____ Date _____

Shipping Address _____ City _____ State _____ ZIP _____

Billing Address _____ City _____ State _____ ZIP _____

Phone _____ Primary E-mail _____

Business Type: Corporation Partnership Proprietorship

Federal Taxpayer ID Number _____ Date Business Founded _____

List all Owners, Partners, and/or Company Officers

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

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

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

#2 - ACCOUNT INFORMATION

Type of Account Terms Requested: Credit Card Charge - Net 30 Days (Must complete Section #3)

Authorized Buyers & Titles: _____

Purchase Order Required? Yes No

Brief Description of Business: _____

Current Suppliers: _____

Accounts Payable Contact: Name _____ Phone _____
E-mail _____

#3 - REFERENCES **Complete this section if requesting open account - All information required*

Bank Name _____ Phone _____

Account No. _____ FAX _____

Street Address _____ City _____ State _____ ZIP _____

Contact Names (please list 2) _____

Continued

References Continued...

Supplier #1 _____ **Phone** _____
Account No. _____ **FAX** _____
Street Address _____ **City** _____ **State** _____ **ZIP** _____
Contact Name _____ **E-mail** _____

Supplier #2 _____ **Phone** _____
Account No. _____ **FAX** _____
Street Address _____ **City** _____ **State** _____ **ZIP** _____
Contact Name _____ **E-mail** _____

Supplier #3 _____ **Phone** _____
Account No. _____ **FAX** _____
Street Address _____ **City** _____ **State** _____ **ZIP** _____
Contact Name _____ **E-mail** _____

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. *Copy of certificate must be included with application

Signature _____ **Date** _____

VERIFICATION & 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."

Print Name _____ **Date** _____

Signature _____ **Title** _____

Internal Use Only	Bank _____ S1 _____ S2 _____ S3 _____	Salesperson _____
	<input type="checkbox"/> Approved Limit _____ Acct # _____	Reviewed By _____
	<input type="checkbox"/> Denied _____ <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> S	Date _____