



David Lee Marketing, Inc.

Address: P.O. Box 6310
Edmond, OK 73083

Office: 1-800-654-8650

Fax: 1-866-607-7181

CREDIT APPLICATION

REQUIREMENTS FOR CREDIT APPROVAL

COD CASH: Order approved or placed by the area sales representative. **COD CO. CHECK:** Bank reference, two supplier references required. Business must be at least six months old with no insufficient funds checks and no returned merchandise. **CREDIT CARD:** Cardholder must complete the credit card information release form. (Visa, MC, or Am-Ex)

Please fill in ALL blanks. Type or print clearly.

TYPE OF CREDIT REQUESTED: CREDIT CARD _____ COD CO. CHECK _____ COD CASH _____

DATE: _____ AMOUNT OF CREDIT REQUESTED \$ _____ ORDER ATTACHED? YES _____ NO _____

NAME OF FIRM: _____ DBA _____ # OF LOCATIONS: _____

ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ ZIP: _____

FAX NUMBER: () _____ EMAIL ADDRESS: _____

NAME OF ACCOUNTS PAYABLE MANAGER: _____ BUYERS NAME: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

FIRM IS A: Proprietorship _____ Partnership _____ Corporation _____ Branch _____ Division _____ Subsidiary _____

STATE OF INCORPORATION: _____ DATE: _____ TAX EXEMPT NUMBER: _____

(Please attach a copy of your sales tax permit)

SUPPLIERS (Please provide full address, zip code; phone number and account number or credit approval will be delayed.)

NAME: _____

PHONE: () _____

ADDRESS: _____

FAX: () _____

CITY, STATE, ZIP: _____

ACCOUNT #: _____

CONTACT PERSON: _____

NAME: _____

PHONE: () _____

ADDRESS: _____

FAX: () _____

CITY, STATE, ZIP: _____

ACCOUNT #: _____

CONTACT PERSON: _____

NAME: _____

PHONE: () _____

ADDRESS: _____

FAX: () _____

CITY, STATE, ZIP: _____

ACCOUNT #: _____

CONTACT PERSON: _____

NAME: _____

PHONE: (_____) _____

ADDRESS: _____

FAX: (_____) _____

CITY, STATE, ZIP: _____

ACCOUNT #: _____

CONTACT PERSON: _____

BANK REFERENCE: _____

PHONE: (_____) _____

ADDRESS: _____

FAX: (_____) _____

CITY, STATE, ZIP: _____

ACCOUNT #: _____

CONTACT PERSON: _____

PROPRIETORS, PARTNERS OR OFFICERS

NAME & TITLE: _____

SOCIAL SECURITY #: _____

HOME ADDRESS: _____

PHONE: (_____) _____

CITY, STATE, ZIP: _____

NAME & TITLE: _____

SOCIAL SECURITY #: _____

HOME ADDRESS: _____

PHONE: (_____) _____

CITY, STATE, ZIP: _____

NAME & TITLE: _____

SOCIAL SECURITY #: _____

HOME ADDRESS: _____

PHONE: (_____) _____

CITY, STATE, ZIP: _____

TERMS: COD; All shipments sent COD, freight collect unless credit is approved.

I hereby acknowledge that all information given is true. I agree to pay all terms as stated. If I fail to do so, I realize my credit terms may be changed to COD or terminated by David Lee Marketing.

DEALER SIGNATURE: _____

DATE: _____

Release of Bank Information

DATE: _____

I hereby authorize my bank to release credit information on my account.

COMPANY NAME _____

COMPANY ADDRESS _____

NAME OF BANK _____

ACCOUNT NUMBER _____

ADDRESS OF BANK _____

Bank Branch Phone # _____

Bank Branch Fax # _____

Bank contact person _____

Customer Signature
(Authorized bank signature)

Note: David Lee Marketing is requesting this information solely for the purpose of issuing a line of credit to the above listed account. All information will be held in the strictest confidence. We wish to thank you in advance for your cooperation.

David Lee Marketing
P.O. Box 6310
Edmond, OK 73083

Phone: (800) 654-8650 or (405)341-7753
Fax: (866) 607-7181 or (405)341-7768



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CREDIT CARD RELEASE FORM
(VISA, MASTERCARD, or AMERICAN EXPRESS)

TYPE OF CARD: _____

NAME ON CARD: _____
(AS IT APPEARS ON CARD)

CREDIT CARD NUMBER: _____

3 OR 4 DIGIT SECURITY #: _____ EXPIRATION DATE: _____
(FOUND ON BACKSIDE)

CARD HOLDER PHONE #: _____

EXACT BILLING ADDRESS: _____
(Important, required for verification) _____

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CREDIT CARD

DRIVER'S LICENSE

MAKE CERTAIN PHOTOCOPY IS CLEAR ENOUGH TO SEE THE NUMBERS ON THE CREDIT CARD

I, _____ AUTHORIZE DAVID LEE MARKETING, INC. TO
CHARGE THE CREDIT CARD USED FOR THIS PURCHASE.

PRINTED NAME

SIGNATURE