



Please complete the following information and return fax to Sal Austin@ (201) 433-3390

Company Information

- Name: Yrs. In Business: Type Of Business
Address: City & State: Zip:
Contact: Ph. #:
E-mail: Fax #:

Company Structure

- C-Corp: S-Corp: Partnership: Sole: LLC:

Banking Information

- Bank Name: Phone #
Business Acct. #: Type Of Account Contact

Trade Information

- Company: Company:
Contact: Contact:
Phone #: Fax: Phone #: Fax:

Ownership Information

- Name: Ownership %: SSN#
Home Addr. City & State Zip:
Name: Ownership %: SSN#
Home Addr. City & State Zip:

- Required Equipment: - Cost:
Vendor DGX Months:
We offer fast credit approvals, and custom-tailored solutions to address almost any financial need that mid-sized businesses face.

I hereby authorize DGX or it Agents to obtain other credit information including D&B reports and Credit Bureau Reports. All credit information submitted herewith is true and correct.

Signature: Title: Date:

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