



CREDIT APPLICATION

EMAIL

1. Complete the PDF form and save when finished.
2. Create a new email to info@dicausa.com and add the PDF file as an attachment.

FAX

413.771.2420

MAIL

DICA
104 Industrial Road
Guthrie Center, IA 50115

All information submitted to DICA and/or the Companies that they represent, will be kept confidential and used for our records only.

Company Name: _____

Address: _____

City/State/Zip: _____

Branch Phone: _____

Branch Fax: _____

Check One: Corporation Partnership Sole Proprietorship

Federal ID# or S.S.#: _____

Names of Owner(s) or Corporate Officers:

Title: _____
Title: _____
Title: _____
Title: _____

Accounts Payable Contact: _____

Accounts Payable Phone: _____

Accounts Payable Email: _____

Accounts Payable Fax: _____

Preferred Invoice Method: Email Mail Fax

Date Business Started: _____

Type of Products Sold: _____

D & B Rating (If Listed): _____

Bank Reference: _____

Trade References (3 Required with COMPLETE address, phone number, fax number and email address):

Please make sure all reference contact info is current. Doing so, will speed your approval process.

NAME _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

Completed By: _____ Title: _____

Date Completed: _____