

CREDIT APPLICATION

1 Complete the PDE form and save when finished	AX	413.771.2420	
	AIL	DICA 4101 120th Street Urbandale, IA 50323	
All information submitted to DICA and/or the Companies that they represent, will be kept conf	idential a	nd used for our records only.	
Company Name:			
Address:			
City/State/Zip:			
Branch Phone:		Branch Fax:	
Check One: Corporation Partnership Sole Proprietorship Names of Owner(s) or Corporate Officers:	Fed	eral ID# or S.S.#:	
		9:	
		2:	
	Title	2:	
		2:	
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 numb Please make sure all reference contact info is current. Doing so, will speed your approval process.	oer, fax	number and email address):	
NAME			
ADDRESS			
PHONE			
FAX			
EMAIL			
Completed By:	Title	2:	
Date Completed:			

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