



CREDIT APPLICATION

Please type to fill the form. Do not print or use pen. Email this form to: sales@pdmus.com - Thank you.

Company Legal Name		DBA	
Tax Id		Address	
City	State	ZIP	Country
Main Contact		Email	
Phone		Fax	
Head of Purchasing Contact		Email	
Phone		Fax	
Accounts Payable Contact		Email	
Phone		Fax	
Payment Method (please select)		BANK CHECK <input type="checkbox"/>	ACH/WIRE TRANSFER <input type="checkbox"/>
Warehouse Manager Contact		Email	
Phone		Fax	
BANK AND TRADE REFERENCES (If you have your own bank and trade reference sheet, skip this section and submit them to us along with this form)			
Bank Name*		Email	
Phone		Fax	
Trade Reference n.1*		Contact	
Phone	Fax	Email	
Trade Reference n.2*		Contact	
Phone	Fax	Email	
Trade Reference n.3*		Contact	
Phone	Fax	Email	
Please include a copy of your Annual Resale Certificate for Sales Tax along with this credit application			
If you have special shipping instructions please notify us			
If sales order acknowledgements contact is different, enter here the correct email address:			
PLEASE SEND ALL PURCHASE ORDERS ONLY TO: SALES@PDMUS.COM			

I hereby certify that the information contained herein is complete, truthful and accurate and it will be used with the purpose of determining the credit amount, terms and conditions PDM US LLC may extend; I hereby authorize the financial institution and trade references listed in this credit application to release to PDM US LLC all necessary information required to verify the information contained herein.

Signature _____

Date _____

Name _____

Title _____