

Dynapower USA Account Application

LEGAL BUSINESS NAME		DATE ESTABLISHED	PHONE:	FAX:
DBA		FEDERAL ID NO.		
BILLING ADDRESS		CITY	STATE	ZIP
OWNER/PRESIDENT		TREASURER		
<input type="checkbox"/> CORPORATION		<input type="checkbox"/> LIMITED PARTNERSHIP		<input type="checkbox"/> GENERAL PARTNERSHIP
TYPE OF BUSINESS		# OF EMPLOYEES	ACCT. PAYABLE CONTACT / E-MAIL:	
DO YOU USE PURCHASE ORDERS?		NAME OF PURCHASING AGENT / E-MAIL:		
IS MERCHANDISE FOR RESALE?		NAME OF OUR SALES REPRESENTATIVE		

Credit Card Information

CIRCLE ONE: VISA MASTERCARD AMEX DISCOVER				
CARD NUMBER:				EXPIRATION DATE:
CARDHOLDER NAME:				
BILLING ADDRESS		CITY	ST	ZIP
				PHONE:

By signing, I understand that the standard payment term is by company credit card. I also understand and agree that the information provided is for the purpose of opening an account with Dynapower U.S.A. I hereby authorize any charges for products purchased or services rendered from Dynapower U.S.A. and understand that it will be my responsibility and obligation to inform Dynapower U.S.A. of any changes that are made in the above account information.

By: _____

Title: _____

Date: _____