



## CREDIT APPLICATION

Purchase Orders accepted with approved credit. **Please fax completed Credit Application to: (650) 692-3930 Attn: Credit Dept.**  
 For credit card or prepay orders please use Prepay Order Form.

### 1. COMPANY INFORMATION

Company Name (indicate any DBA names):		Phone:	Fax:	
Company Address:		A/P Contact Name:	Contact Phone::	Contact Email:
Organization Type: (Corporation, Partemship, Gov. Agency, Other (specify))	Resale # (if applicable):	Industry/Business Type:	Years in Business:	

### 2. BILL TO ADDRESS

Name:	Phone: (must have for FedEx)
Bill-To Address (no P.O. Boxes)	City, State, Zip/Postal

### 3. BANKING INFORMATION

Bank Name:	Address:	Phone:	Fax:	Account#	Contact:
------------	----------	--------	------	----------	----------

### 4. TRADE REFENCES (3 minimum)

#	Company Name	Address	Phone	Fax
1				
2				
3				
4				

### 5. AUTHORIZATION

I hereby authorize Directed Perception, Inc. to obtain any information required from the above references relative to this application. I hreby agree to be responsible for all merchandise delivered to the above address and to notify Directed Perception,

**SIGNATURE:** \_\_\_\_\_  
 Signature:                      Title:                      Date:

**REQUIRED TO  
 PROCESS  
 APPLICATION**

*All orders FOB. Burlingame, CA. Customer is responsible for all applicable tarrifs, import duties.*