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APPLICATION FOR CREDIT

Company Name : _____ Telephone: _____

Address: _____ City : _____ State: ___ Zip: _____

Owner (President, CEO) _____ Contact Name: _____

FINANCE

Bank Name: _____ Telephone : _____

Address: _____ Account Number: _____

City: _____ State: _____ Zip _____

REFERENCES

Name: _____ **E-Mail:** _____

Address: _____ **Fax:** _____ **Phone:** _____

City: _____ **State:** _____ **ZIP:** _____

Name: _____ **E-Mail:** _____

Address: _____ **Fax:** _____ **Phone:** _____

City: _____ **State:** _____ **ZIP:** _____

Name: _____ **E-Mail:** _____

Address: _____ **Fax:** _____ **Phone:** _____

City: _____ **State:** _____ **ZIP:** _____

IDS's terms are NET 30 DAYS, COD, VISA, MASTER CARD or AMERICAN EXPRESS.

I (We) certify that the above information is true and correct, and that we can and will comply with your terms. Please fax credit information as above or E-Mail to: accounts@dispensinglink.com