



# C R E D I T A P P L I C A T I O N

A Division of  
DGI Communications  
101 Billerica Ave  
Building 6  
N Billerica, MA  
01862-1269  
800-344-0432  
Fax: 781-270-3663 Or  
978-528-6075

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**To: Credit Manager**  
**Re: Credit Application Form**

We look forward to working with you and your company. With this packet is a credit application in anticipation of your first job at DGI-Invisuals.

Please have your accounting department complete, sign, e-mail or fax back the credit application and reseller certificate (if applicable) to DGI-Invisuals as soon as possible to facilitate your order. E-mail to [nsalvetti@dgitech.com](mailto:nsalvetti@dgitech.com) or Fax to 781-270-3663. Be sure to include your company's legal name, Federal ID# and accurate address, phone number, e-mail and fax number.

If you have a website where we can review your financial reports, please give us that web address also. If you have a preprinted form that includes all the information we are requesting, please e-mail or fax that to us as well. Please be sure your trade references are vendors you are currently doing business with and be sure you have their current E-mail, phone and fax numbers. The following do **not** qualify as a reference (Landlords, Car Payments, Credit Card Companies, Law Firms, Utility Companies, Storage Facilities or other monthly payments without which they would be shut off.). Wrong information slows down the process.

To establish terms usually takes a two to three weeks to process as we must verify references. First jobs frequently require a credit card or deposit. Please be sure to complete and fax back this form as soon as possible as it will help us to expedite your credit application.

Thank you for your cooperation. If you have any questions regarding this form please contact me at 781-565-4200.

Best regards,

Nancy Salvetti

Office Administrator



# CREDIT APPLICATION

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<b>Company Name</b>	<b>Credit Contact Name:</b>
<b>Web Address:</b>	<b>Federal Tax ID #</b>
<b>Bill to Address:</b>	<b>Ship to Address:</b>
<b>A/P Contact Name</b>	<b>A/P Contact E-Mail Address</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Number of Years in Business:</b>	<b>Credit Line Requested:</b>

### Tax Status

TAXABLE       TAX EXEMPT\*\*

**\*\*If you are Tax Exempt please return a copy of your Tax Exempt/Reseller Certificate. If you do not supply us with a Tax Exempt Certificate we will assume your company is taxable**

### Trade Reference

1

Company Name	Contact
Address:	
Phone:	Fax:
E-Mail Address	

2

Company Name	Contact
Address:	
Phone:	Fax:
E-Mail Address	

2

Company Name	Contact
Address:	
Phone:	Fax:
E-Mail Address	