



Customer Credit Request Form

Customer Credit Request Form Rev F.doc

Date _____

Customer Name _____ Customer No. _____

Billing Address _____

Tel # _____ Fax # _____

Project/Program Contact _____

A/P Contact _____ Buyer _____

Reason for Request:

- Establish new line of credit
 - Credit limit increase or change in terms
- Requested limit _____
- Requested terms _____

To be filled in by DSC credit department:	
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
Approval date	_____
Approved amount	_____
Approved terms	_____
Approved by	_____

Background Information Must Be Provided By Customer and Sales Department:

- 1) Has the customer ordered from DSC before? Yes No
 Lifetime order total: _____ Date first order placed: _____
- 2) If requesting an increase, what is the reason for the increase? _____
- 3) What are the expected sales to this customer? Pending order: _____
 One-time order: _____ Next 12 months: _____
- 4) Please provide a project description:

Accounting Information To Be Filled In By DSC Credit Department:

Current limit: _____ Current terms: _____

Current balance: _____ Average days to pay: _____

High balance: _____ Current backlog: _____

D&B number: _____ Type of credit checks: D&B: Trade references:

Comments on credit checks: _____

