

DIENES

CUTTING-EDGE PRECISION

CREDIT APPLICATION

REGISTERED TRADE NAME: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____ EMAIL: _____

YEARS IN BUSINESS _____

BANK REFERENCE

NAME: _____ ACCOUNT # _____

ADDRESS: _____ TELEPHONE: _____

PERSON TO CONTACT: _____

EMAIL: _____ FAX: _____

TRADE REFERENCES

NAME: _____ ACCOUNT # _____

ADDRESS: _____ TELEPHONE: _____

PERSON TO CONTACT: _____

EMAIL: _____ FAX: _____

NAME: _____ ACCOUNT # _____

ADDRESS: _____ TELEPHONE: _____

PERSON TO CONTACT: _____

EMAIL: _____ FAX: _____

NAME: _____ ACCOUNT # _____

ADDRESS: _____ TELEPHONE: _____

PERSON TO CONTACT: _____

EMAIL: _____ FAX: _____

We wish to open an account with your company and desire credit to be extended to us in accordance with your terms, which are "NET 30 DAYS". In accordance with these terms, we understand that all charges are due for payment 30 days after receipt of invoice. We hereby authorize Dienes Corporation to verify the facts listed above.

SIGNATURE: _____ TITLE: _____

DATE APPROVED: _____ CREDIT LIMIT: _____

APPROVED BY: _____ ACCOUNT NUMBER: _____