



Stainless Steel Processing & Storage Equipment

DCI, Inc.
Corporate Offices
600 North 54 Avenue (56303)
P.O. Box 1227 (56302-1227)
St. Cloud, MN
Phone: 320-252-8200
Fax: 320-252-0866
Web: www.dciinc.com

Dear Customer:

Thank you for your interest in DCI, Inc. We appreciate the opportunity to be your stainless steel equipment supplier!

We are in the process of setting up an account/entering an order for your company and are in need of some additional information about company credit information and sales tax.

Please complete our Credit Application form, have it signed by a company officer, and return the application along with the tax statement (below) to us via fax or mail as soon as possible.

State regulations require us to tax all sales of material unless you, the purchaser, furnish us with proof of exemption for shipments to the states of California, Illinois, Minnesota, Utah, or Wisconsin. According to our records, we do not have a sales tax exemption certificate from your company in our file. If it is a blanket certificate, it should list the types of items you anticipate purchasing. If you are sales tax exempt, please forward the sales tax exemption certificate(s) to our office by fax immediately so that your account information is accurate and that your order is properly invoiced.

Please check one of the boxes below and return via fax with any attachments.

- OUR COMPANY IS TAXABLE
- OUR COMPANY IS TAX EXEMPT— CERTIFICATE ATTACHED

Sincerely,

DCI Accounting Department

CREDIT APPLICATION

FIRM NAME _____ Incorporated
ADDRESS (mail & phys.) _____ Partnership
CITY/STATE _____ ZIP _____ Proprietorship
MAIN PHONE & FAX _____ Years of Business

OUR OFFICERS ARE:

President _____ Amount of High Credit Requested
Treasurer _____ \$ _____
Accts. Payable Manager _____ A copy of our resale tax exemption
Buyer _____ certificate is attached _____

PRINCIPAL OFFICER/OWNER:

Name _____ Name _____
Address _____ Address _____

Phone Number _____ Phone Number _____

TRADE CREDIT REFERENCES:

- 1. _____
Company City Phone Number Credit Manager
- 2. _____
Company City Phone Number Credit Manager
- 3. _____
Company City Phone Number Credit Manager

BANK REFERENCE:

Name Address

Acct. Number Bank Officer Telephone Number

The undersigned agrees to pay all invoices within DCI's payment terms and to pay any applicable service charges, collection or legal fees incurred by DCI in obtaining payment from your company. The undersigned also authorizes the release of credit information as requested from the references specified above.

Signed by _____
Officer/Owner _____
Date _____