



CREDIT APPLICATION

(All information submitted to DICA and/or the Companies that they represent, will be kept confidential and used for our records only.)

Company Name: _____

Address: _____

City/State/Zip: _____

Business Phone: _____ Fax Number: _____

Check One: Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Federal ID# or S.S.# _____

Names of Owner (s) or Corporate Officers:

_____ Title: _____

_____ Title: _____

_____ Title: _____

Date Business Started: _____

Type of Products Sold: _____

D & B Rating (If Listed): _____

Bank Reference: _____

Contact Person: _____ Title: _____

Trade References (3 Required with COMPLETE address, phone number, and fax number.):

NAME _____

ADDRESS _____

PHONE _____

FAX _____

Completed By: _____ Title: _____

Date Completed: _____

INSTRUCTIONS

EMAIL Email completed form to: info@dicausa.com

FAX Fax completed form to: 641.755.4810

MAIL Mail completed form to: DICA P.O. Box 188 504 West Market St. Panora, IA 50216