

Diving Equipment Company of America®

2325 A Street, Santa Maria, California 93455 USA

Phone: (805) 928-4500 Fax: (805) 928-4570

www.decadiving.com email: Sales@decadiving.com

Application For Credit

General Business Information

				DATE
FIRM NAME		IF CORPORATION FULL CORPORATE NAME		FEDERAL TAX ID#
BUSINESS ADDRESS				SUITE/APT#
CITY		STATE/COUNTRY		ZIP / POSTAL CODE
PHONE		FAX	EMAIL ADDRESS	
DATE ESTABLISHED	AT PRESENT LOCATION SINCE	WEBSITE ADDRESS	DESCRIBE TYPE OF BUSINESS AND NATURE OF PRODUCTS AND OR SERVICES	
OWNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED <input type="checkbox"/> CORPORATION <input type="checkbox"/> PRIVATELY HELD <input type="checkbox"/> PUBLICLY TRADED <input type="checkbox"/> OTHER: _____				
DATE INCORPORATED	STATE INCORPORATED IN	RESALE LICENSE #	STATE ISSUED IN	D & B NUMBER D & B RATING
NAME OF CONTACT CONCERNING PAYMENT		PHONE	EXTENSION	CREDIT LINE REQUESTED (APPROX)\$

Owners / Officers (Attach List If Needed)

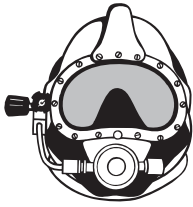
1	NAME	TITLE	SOCIAL SECURITY #	
	ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE
2	NAME	TITLE	SOCIAL SECURITY #	
	ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE

Bank References

BANK / BRANCH	PHONE	FAX	
ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE
ACCOUNT #	OFFICER / CONTACT		

Major Trade References

1	NAME	PHONE	FAX	
	ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE
2	NAME	PHONE	FAX	
	ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE
3	NAME	PHONE	FAX	
	ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE
4	NAME	PHONE	FAX	
	ADDRESS	CITY	STATE / COUNTRY	ZIP / POSTAL CODE



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Personal Guarantee

I certify that the information and statements in this contained application are true and complete. You are hereby authorized to obtain any information you consider necessary from any of the listed sources concerning the statements on this application. The undersigned authorizes the above listed banks and/or suppliers to release information regarding my account(s). In consideration of and in order for you to induce an open line of credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with your terms of sale. If at anytime, for any reason, the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account interest computed at the going rate of 1.5% Per month on any past due amount owing on my/our account. In the event it becomes necessary for your company to incur collection costs or institute suit to collect any amount due under this agreement or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses including attorney's fees and any other costs. Applicant agrees to be bound by the jurisdiction of the courts of Santa Barbara County, Ca. California law shall apply to all transactions and any court actions. As representative of the corporation (if applicable), I am duly authorized by the board of directors to enter into this transaction and by my signature absolutely and unconditionally guarantee to DECA that the corporation shall make prompt and complete payment obligations when due and payable. Further, I agree to personally, absolutely and unconditionally guarantee to DECA payment of the above stated liability.

A Signature Is Mandatory And Must Be Signed By Owners, Partner Or Corporate Officer, Stating Title

Signature _____ Printed Name _____ Title _____ Date _____

Home Address: _____

Home Phone #: _____ SSN _____

Signature of person guaranteeing payment: _____

Name of Business whose account is guaranteed: _____

Credit Department Use Only

Date: _____

Open Account Approved / Denied Amount \$ _____

Comments:

