

**Diversified Innovative Products Co.**

10740 Lyndale Avenue South, Suite 16E, Bloomington, MN 55420

Phone: 952-888-5991 Fax: 952-888-6467

*Please complete the form below in it's entirety to apply for credit with DIP Company or to update your information and fax to the number above or mail it back to JoAnn E. Bohn, Finance Manager.*

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Ownership (Pls Circle):      Inc   LLC   Sole   Ltd   Prtnrship

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Main Contact Person:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Information:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Credit Card Information:

Type (Pls Circle): M/C   Visa   Amer/Express   Disc # \_\_\_\_\_

Exp: \_\_\_\_\_ Under what name? \_\_\_\_\_

Trade References:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_