



HEADQUARTERS & FARGO WAREHOUSE

PO Box 699 - West Fargo, ND 58078-0699

1271 Fayland Dr N - Fargo, ND 58102

Phone: 701-282-8451 Fax: 701-282-9486

SIOUX FALLS WAREHOUSE

723 E Gateway Blvd - Tea, SD 57064

Phone: 605-368-5226

EMAIL COMPLETED APP TO: DSI@DSIAUTOMOTIVE.COM

CREDIT CARD ACCOUNT APPLICATION

#1 - Business Information *ACCOUNTS WITH DSI ARE ONLY AVAILABLE TO VERIFIED BUSINESSES

Company Name (Legal & DBA) _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Main Phone _____ Parts Phone _____

Federal Taxpayer ID Number (W-9) _____ Is a LIFTGATE needed? Yes No

Describe This Business _____

Current Suppliers _____

Authorized Buyers & Titles Do you want to receive an invoice email? (circle one)

Name/Title _____ Email _____ Invoices: Y / N

Name/Title _____ Email _____ Invoices: Y / N

Name/Title _____ Email _____ Invoices: Y / N

#2 - Accounting Information

Type of Account Terms: Credit Card (2% Surcharge) Date Business Founded _____

Purchase Order Required? Yes No Any special instructions for PO: _____

Invoices Email (If different than above) _____

#3 - Sales Tax Exemption Certification

State tax laws require us to maintain a **Certificate of Resale** or **Processing Certificate** on file for all customers claiming sales tax exemptions. However, some goods or services may still be taxable despite having a Resale Certificate. ****A copy of Tax Certificate must be included.**

Do you claim an exemption from State Sales Tax? Yes (complete below) No (charge tax on all orders)

We hold Sales and Use Tax Permit No. _____ from the State of _____. As a business engaged in the sale of products, we certify that the products and/or services purchased from DSI are intended for resale. We acknowledge our responsibility for any applicable taxes on products acquired from DSI that do not qualify for tax-exempt status, including those for our own use or consumption.

#4 - Verification of Information

"I have completed the Account Application and State Sales Tax Certification and I verify that the information is true and accurate."

Print Name _____ Date _____

Signature _____ Title _____

INTERNAL USE ONLY	<input type="checkbox"/> Approved - Salesperson _____	Acct # _____	Reviewed By _____
	<input type="checkbox"/> Denied _____	B C E S L W	Date _____