



**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

# CUSTOMER ACCOUNT APPLICATION

## #1 - Business Information

\*DSI ONLY OFFERS ACCOUNTS TO VERIFIED BUSINESSES

Company Name (Legal & DBA) \_\_\_\_\_ Date \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Parts / Accessories Phone \_\_\_\_\_

Is a LIFTGATE needed at this location?  Yes  No

Business Type:  Corporation  Partnership  Proprietorship

Federal Taxpayer ID Number (W-9) \_\_\_\_\_ Date Business Founded \_\_\_\_\_

**List all Owners, Partners, and/or Company Officers**

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

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

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

Do you own or have you previously owned another business?  Yes\*  No

\*If YES, under what name(s) \_\_\_\_\_

Brief Description of 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 Requested:  Credit Card (2% surcharge)  Charge-Net 30 (Must complete all of section #3)

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

Account Payable Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Statement Email \_\_\_\_\_

Invoices Email \_\_\_\_\_

Billing / Mailing Address \_\_\_\_\_

<b>Internal Use Only</b>	Bank _____ S1 _____ S2 _____ S3 _____	Salesperson _____
	<input type="checkbox"/> Approved Limit _____ Acct # _____	Reviewed By _____
	<input type="checkbox"/> Denied _____ B C E S L W	Date _____

### #3 - REFERENCES \*Complete this section if requesting Charge - Net 30 Account - All information required

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ (Fax or Email required)  
Contact Names \_\_\_\_\_ Email \_\_\_\_\_

Supplier #1 \_\_\_\_\_ Account No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ (Fax or Email required)  
Contact Names \_\_\_\_\_ Email \_\_\_\_\_

Supplier #2 \_\_\_\_\_ Account No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ (Fax or Email required)  
Contact Names \_\_\_\_\_ Email \_\_\_\_\_

Supplier #3 \_\_\_\_\_ Account No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ (Fax or Email required)  
Contact Names \_\_\_\_\_ Email \_\_\_\_\_

### #4 - Sales Tax Exemption Certification

State Tax Laws require us to have on file a **CERTIFICATE OF RESALE or PROCESSING** from all customers who claim exemptions from Sales Tax. Some goods or services may not be exempt from tax even though you have a Resale Certificate. DSI Automotive Products reserves the right to determine if and when taxes should be charged.

**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 \_\_\_\_\_. We are engaged in the business of selling parts and accessories and we certify that products and/or services purchased from DSI will be for resale. We will be responsible for any tax obligations due on products or services obtained from DSI that do not qualify for tax exempt status, including items for our own use or consumption. **\*\*A Copy of the certificate must be included with this application\*\***

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### #5 - Verification & Release of Information Consent

"I have read the foregoing completed Account Application and State Sales Tax Certification and I verify that the information is true and accurate. DSI Automotive Products is hereby authorized to investigate our creditworthiness by any means and our banks and creditors, past or present, are authorized to release to DSI any information it requests pertaining to our credit worthiness.

I further agree that if DSI is required to collect delinquent checks or accounts, all collection fees, attorney expenses, court or related costs will be our responsibility. If granted a Charge Account, I understand that the Payment Terms are Net 30 Days (from the Invoice date). Furthermore, I understand that DSI will charge a Late Payment Charge of 1.75% per month on invoices that are not paid within 30 Days and Credit Card terms will apply if our account becomes past due."

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

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