



DECOWEST, INC.

4620 Mitchell St. # C, Las Vegas, NV 89081
 (702) 644-8839 Fax: (702) 644-8945

NEW CUSTOMER - CREDIT LINE EVALUATION FORM

**WE HEREBY APPLY FOR CREDIT WITH THE PUBLISHED TERMS OF DECO WEST
 WE CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT, WE FULLY UNDERSTAND
 THE CREDIT TERMS AND WE AGREE TO PROMPT PAYMENT IN CONSIDERATION OF CREDIT EXTENDED.**

_____	D&B # _____
Name of Firm	
_____	Telephone # _____
(If Division or Subsidiary, List Name/Address of Parent)	
_____	Fax # _____
Address	
_____	Credit Line Requested: _____
City, State, Zip	(must be filled in)

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN THE STRICTEST CONFIDENCE.
 Ownership: Corp. Partnership Proprietorship # Years In Business

Principal(s)

_____	_____
Name	Title
_____	_____
Name	Title

Person to Contact Regarding Payment(s):

Name _____ Phone # _____ Fax # _____

References - Please note that fax numbers will usually ensure a quicker response. If fax #'s are not provided, complete mailing address must be shown for credit review to be processed.

Bank Reference	Name _____	Account # _____
	Address _____	Phone # _____
		Fax # _____
Trade References	1. Name _____	Phone # _____
	Address _____	Fax # _____
	2. Name _____	Phone # _____
	Address _____	Fax # _____
	3. Name _____	Phone # _____
	Address _____	Fax # _____
	4. Name _____	Phone # _____
	Address _____	Fax # _____

_____ WE ENCLOSE A COPY OF OUR MOST RECENT FINANCIAL STATEMENTS AND COMMENTS.

Date _____ Signed _____

Title _____

Completed form should be faxed to the attention of the Credit Dept.,