

# CD CREDIT APPLICATION

ATTN: CREDIT MANAGER

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Telephone \_\_\_\_\_

COMPANY OWNERS OR OFFICERS:

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

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

COMPANY INFORMATION:

Organization Structure:  Corporation  Partnership  Sole Proprietorship

Date of Entering Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ Estimated Monthly Purchases \$ \_\_\_\_\_

Type of Business - What is Principal Activity? \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Telephone \_\_\_\_\_

Do you claim exemption from State Sales Tax?  Yes  No Tax Exempt # \_\_\_\_\_ (Attach Certificate)

Would you like your invoices  Faxed or  E-mailed> To which fax number/e-mail address \_\_\_\_\_

BANK REFERENCE (CHECKING): Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Account # \_\_\_\_\_

BUSINESS REFERENCES: (Please list at least one Plumbing Supply House, if possible)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

What Source(s) prompted you to contact Deacon Industrial? \_\_\_\_\_

I certify that the above information is true and correct and do hereby give my consent for Deacon Industrial Supply Company to investigate any references necessary in processing this application. I agree to pay for all purchases in accordance with the terms of the sale; service charges of 1 1/2% per month on past due balances; and if it becomes necessary to place this account for collection, 20% attorney fees and/or collection costs. Deacon Industrial Supply Company reserves the right to withdraw the extension of credit at any time at their sole discretion.

Signature of Owner/Officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Spaces Below for Deacon Industrial Use Only.

Account No.	Type	Salesman No.	Credit Mgr. Approval	Date	Credit Limit

**DEACON INDUSTRIAL**  
SUPPLY COMPANY, INC.