

Contact Name \_\_\_\_\_ Contact Date \_\_\_\_\_

**DUFF COMPANY, 201 E. LAFAYETTE ST., NORRISTOWN, PA 19401**

PHONE 610-275-4453 FAX 610-275-6761

**NEW ACCOUNT APPLICATION**

Legal Name \_\_\_\_\_

Name in Which Business is Conducted \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchasing Phone: \_\_\_\_\_ A/P Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Principal's Name: \_\_\_\_\_

Principal's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ Email address: \_\_\_\_\_

Website address(if applicable): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title \_\_\_\_\_

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**IF DIFFERENT---SHIPPING ADDRESS:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_

(Provide a copy of Certificate, we CANNOT setup a Tax Exempt Account without a certification)

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Type of Business:	_____ plumbing	_____ pumps	_____ Heating	_____
municipality	_____ Hotel or Apts	_____ Well drilling	_____ Hospital	_____
Factory(OEM)	_____ Factory(Mtnd)	_____ Office bldg	_____ Shopping Ctr.	_____
Golf Course	_____ Water Treatment	_____ Environment	_____ other	_____

Have you been contacted by one of our salesman? \_\_\_\_\_ Name: \_\_\_\_\_

Do you require a purchase order? \_\_\_\_\_ Do you prefer a Blanket Order? \_\_\_\_\_

If YES please explain \_\_\_\_\_

Name of Person or persons authorized to pick-up? \_\_\_\_\_

D & B Rating? \_\_\_\_\_

Check One: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Proprietor \_\_\_\_\_

If division of another corporation, give parent company and relationship: \_\_\_\_\_

\_\_\_\_\_

Credit Limit you are applying for? \_\_\_\_\_ Length of time in Business \_\_\_\_\_ Year Incorporated \_\_\_\_\_

**(PLEASE COMPLETE THE REVERSE SIDE)**

