

est. 1947



610-275-4453

duffco.com

When you need it now... or don't know how

BUSINESS CREDIT APPLICATION

COMPANY INFORMATION

Legal Name:
Parent Company:
EIN:
DUNS:
Primary Contact:
Cell Phone:
Fax:

DBA:
Subsidiary:
Tax Exempt Number:
Title:
Email:
Website:

Company is:
[] Corporation [] Partnership [] Proprietorship [] LLC [] PLC

Years in Business:
Annual Sales:

Incorporated:
Credit Sought:

Type of Business:
[] Plumbing [] Hotel/Apartment
[] Pumps [] Well Drilling
[] Heating [] Hospital/Nursing
[] Municipality [] Factory (OEM)
Purchasing Contact:
Title:

[] Factory Maintenance [] Water Treatment
[] Office Building [] Environmental
[] Shopping Center [] Property Mgt.
[] Golf Course [] Other
Phone:
Email:

Purchase Order Required: [] Yes [] No

Blanket Purchase Order: [] Yes [] No

Authorized Purchasers:
Billing Contact:
Title:

Phone:
Email:

Street Address:
City: State: Zip:

Billing Address:
City: State: Zip:

Shipping Address:
City: State: Zip:

Authorized to Pick Up at Will Call:
I have been contacted by Duff Co. [] Yes [] No By Whom:

COMPANY DIRECTORS/OFFICERS/PRINCIPALS

Name: Title:
Address:
City: State: Zip:
Phone: Email:

Name: Title:
Address:
City: State: Zip:
Phone: Email:

WATER CONDITIONING · PUMPS · PLUMBING · HEATING · CABINETRY · FACILITIES MAINTENANCE

201 EAST LAFAYETTE STREET · NORRISTOWN · PENNSYLVANIA · 19401-5012

BANK DETAILS

Name: _____ Contact: _____
Account Type: _____ Account Number: _____
Branch Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

TRADE REFERENCES

Company: _____
Account: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Company: _____
Account: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Company: _____
Account: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

TERMS

In consideration of your opening the above account and/or extended credit, the undersigned hereby agrees that all information supplied in this application is correct. Standard procedure is that all invoices are emailed to our customers using the Billing Contact's email. The undersigned further agrees that all accounts are to be paid in full to Duff Co. monthly by the tenth (10th) day of the month following invoice date. A 1% service charge and a 1% interest charge will be made on any balance open at the end of the month following invoice date. In the event that legal action or lien be taken or the services of a collection agency are used to collect this account, the undersigned shall pay collection fees equal to 33.3% of the unpaid account balance plus other expenses incurred by Duff Co., such as, but not limited to, 3rd party collection fees, lien fees, legal fees, and any costs associated with collecting debt. All credits and credit balances must be used within 180 days of being issued.

Company Name: _____
Authorized Signature: _____ Title: _____
Printed Name: _____ Date: _____

PERSONAL GUARANTEE

The Undersigned for good and valuable consideration, hereby jointly, severally, and personally unconditionally guarantee, warrant and promise the full and prompt (within terms) payments of bills and other obligations (as set forth above) of the applicant in connection with any credit extended to the applicant by Duff Co. If in business less than five (5) years, there are no exceptions to not completing a personal guarantee. As appropriate, we may also require the guarantee of the principal and in some case's the principal's spouse.

Principal Signature: _____ Spouse Signature: _____
Printed Name: _____ Printed Name: _____
Date: _____ Date: _____

PLEASE EMAIL FORM TO BCOHEN@DUFFCO.COM OR FAX TO: 610.275.6761

For Duff Internal Use Only

Credit Limit: _____ Class: _____
Tax Jurisdiction: _____ Certificate Received: _____
Salesman: _____ Type: _____
Contact: _____ Controller: _____
General Manager: _____ Date Approved: _____

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