



P.O. Box 10865
Raleigh, NC 27605
919-833-4677
fax 800-849-5988
800-849-7709
www.duncan-parnell.com

New Account Application

Please check if:

Faxing Invoices OK _____
Prefer Monthly Billing _____
Prefer Monthly Stmt _____

Legal Name of Firm _____
Street Address _____
Suite or Number _____
City _____
Billing Address _____
City _____

Phone _____
Fax _____
E-mail _____
State _____ Zip _____
State _____ Zip _____

Type of Business _____ How long in Business _____
Previous Address (If less than 1 year) _____
If Branch, Address of Home Office _____

Corporate Principals

Name _____ Position _____
Name _____ Position _____
Name _____ Position _____

Name of Purchasing Agent _____

Name of Accounts payable Contact _____

Persons authorized to use the Account

Name _____ Position _____
Name _____ Position _____
Name _____ Position _____

Local Trade References (No credit cards or Department Stores, please) or attach list.

Firm _____ Firm _____ Firm _____
Location _____ Location _____ Location _____
Contact _____ Contact _____ Contact _____
Phone _____ Phone _____ Phone _____

Purchase Order required? _____ Tax Exempt? _____ *If yes, please provide certificate*

Note: *It normally takes us 5 business days to receive and process information from the creditors that you provide us. If you require immediate shipment, please provide us with your credit card information below and we will ship immediately and charge the initial shipment to your credit card. We will proceed with processing your application and any further shipments will be invoiced to your new account upon approval.*

Card Type _____ Card billing zip code _____
Card Number _____ Exp Date _____
Name on the Card _____ 3 digit code _____

(Back of card at end of acct #)

For Internal Use

Originated By _____
Approved By _____
Salesman _____
Credit Line Request _____
Opened By _____
Customer # _____

I Understand that purchases made from Duncan-Parnell are payable 10 days after the end of the month in which the purchases are made and agree to maintain my account on that basis.

Firm Name _____
By (signature) _____
Position _____
Date _____