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# 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 #) 4*

### 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 \_\_\_\_\_