



# Duncan Galvanizing

A PART OF THE DUNCAN GROUP

69 NORMAN STREET, EVERETT, MA 02149-1987 USA  
PHONE (617) 389-8440 • (800) 638-1011  
FAX (617) 389-6721

## Application for Credit

Please complete this application in full.

This application is for the purpose of obtaining services on Credit. It is being completed for the purpose of inducing Duncan Galvanizing Corp. to issue the credit line requested below. The applicant must be aware that we will rely on the validity of the statements herein made to extend the line of credit. This data is to be held in confidence and used only to establish a line of credit subject to the terms and conditions set forth in this application.

Please type or clearly print all information.

Date: \_\_\_\_\_ Introduced by: \_\_\_\_\_

Business name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State ZIP

Business location: \_\_\_\_\_  
(if different from above)

Own  Rent  Sq. Ft. occupied: \_\_\_\_\_ Yearly \$ volume: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact person: \_\_\_\_\_

Type of business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Check one: Proprietorship  Partnership  Corporation  # of employees: \_\_\_\_\_

Exempt from sales tax: No  Yes  State Reg # \_\_\_\_\_

Credit requested for 30 day period: \_\_\_\_\_



# Duncan Galvanizing

A PART OF THE DUNCAN GROUP

69 NORMAN STREET, EVERETT, MA 02149-1987 USA  
 PHONE (617) 389-8440 • (800) 638-1011  
 FAX (617) 389-6721

Business name: \_\_\_\_\_

MAJOR OWNER(S), PARTNER(S), STOCKHOLDER(S):

Name	Address	Town	State	Telephone
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____

CREDIT REFERENCES: Give supplier accounts, mailing addresses, and telephone and FAX numbers.

1)	2)
Phone number:	Phone number:
FAX number:	FAX number:
3)	4)
Phone number:	Phone number:
FAX number:	FAX number:

Name of bank	address	telephone	account #
_____	_____	_____	_____
_____	_____	_____	_____



# Duncan Galvanizing

A PART OF THE DUNCAN GROUP

69 NORMAN STREET, EVERETT, MA 02149-1987 USA  
PHONE (617) 389-8440 • (800) 638-1011  
FAX (617) 389-6721

Business name: \_\_\_\_\_

Requested information to be notated on invoice:

Purchase order #: \_\_\_\_\_ Job name or #: \_\_\_\_\_ Other: \_\_\_\_\_

Specifics needed for a charge to be made on your account:

Verbal authorization: \_\_\_\_\_ Written purchase order: \_\_\_\_\_ Other: \_\_\_\_\_

It is agreed and understood that the terms of sale shall be net 30 days from the date of shipment with cash discounts allowed only if such invoices are paid by the 10th day following shipment. It is further understood that any balances on this account remaining unpaid for a period of 30 days, shall incur a service charge of 1 1/2 % per month (expressed as an annual percentage rate, the charge is 18%) of the highest legal interest rate permitted to be charged according to applicable statutes. It is further agreed that if said account is turned over for collection, reasonable attorney's fee and/or costs for collection shall be added to the unpaid balance, whether or not legal action is instituted.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

## STATEMENT OF PERSONAL RESPONSIBILITY

In consideration of opening an account in the name of said company, I hereby individually guarantee all bills to said account, agree to be bound by the terms and conditions of this application and authorize Duncan Galvanizing Corp. To bill said company directly until such time as I am released from personal responsibility in writing from Duncan Galvanizing Corporation.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_