

CREDIT APPLICATION FOR NEW ACCOUNTS

Business iname:	
Billing Address:	
City:	State:Postal Code:
Telephone:	Facsimile:
Website:	
escription of Business:	
Start Date of Business:	
me at Present Location:	(D)
Annual Sales:	-
No. of Employees:	
Accounts Payable Name: Phone No	
Donk Name	BANK REFERENCE
	State:Postal Code:
	Facsimile:
•	
Account Number:	
7	HREE (3) USA BASED TRADE REFERENCES
Name:	
Address:	
	State:Postal Code:
Telephone:	Facsimile:
Account Number:	(if available)

Name:		
	State:	
Telephone:	Facsimile:	
Account Number:	(ii	f available)
Name:		
Address:		
	State:	
Telephone:	Facsimile:	
Account Number:	(if a	vailable)
I authorize Duniway Stockroom Corp to inquire about (Corn application. I understand that submitting an application for collacknowledge that the terms of a credit account with Duniwa without the written consent of Duniway Stockroom. Failure to incur late fees. I understand that any reasonable costs associating but not limited to court costs and attorney fees, will	redit does not guarantee an extension of credi ay Stockroom are determined by Duniway Stoc o submit payment when due, may cause my ac ated with collection of a debt owed by	t with Duniway Stockroom. ckroom and cannot be altered or changed ccount to revert to a C.O.D. account, as well as
Signature of Authorized Representative	Title	
Printed Name	Date	