



APPLICATION FOR CREDIT

Date _____

Firm Name _____

Mailing Address _____ **Suite/Unit** _____

City _____ **State** _____ **Zip** _____

Shipping Address _____ **Suite/Unit** _____

City _____ **State** _____ **Zip** _____

Phone _____ **Duns Number** _____

Fax Number _____ **Cell Number** _____

Email Address _____

Website _____

_____ **Corporation** _____ **Partnership** _____ **Proprietorship**

If incorporated, State _____ **Year** _____

If subsidiary, name of parent company _____

Address _____ **Suite/Unit** _____

City _____ **State** _____ **Zip** _____

Federal I.D. # _____ **If Branch or Division, location of Home Office:**

Address _____ **Suite/Unit** _____

City _____ **State** _____ **Zip** _____

PRINCIPAL OWNERS OR STOCK HOLDERS (LIST ALL)

Name _____	Title _____
Shipping Address _____	Suite/Unit _____
City _____	State _____ Zip _____
Phone _____	Social Security Number _____
Name _____	Title _____
Shipping Address _____	Suite/Unit _____
City _____	State _____ Zip _____
Phone _____	Social Security Number _____
Name _____	Title _____
Shipping Address _____	Suite/Unit _____
City _____	State _____ Zip _____

Phone _____

Social Security Number _____

Name _____

Title _____

Shipping Address _____

Suite/Unit _____

City _____

State _____

Zip _____

Phone _____

Social Security Number _____

If business is individually owned, Spouse's Name _____

Person to talk to regarding Accounts Payable _____

Has applicant filed bankruptcy within the previous ten years? _____ If yes, year? _____

Has your company or any company that any officer, partner, or owner been associated with as an officer, partner, or owner ever had credit with us before? Yes / No

(If yes, under what name? _____)

Approximate Credit Line Desired _____

How long in business under this name? _____

Former Business Name _____

Address _____

Suite/Unit _____

City _____

State _____

Zip _____

Business Bank Name _____

Branch _____

Checking Acct # _____

Loan Acct # _____

PRINCIPAL SUPPLIERS

Name _____

Fax Number _____

Address _____

Suite/Unit _____

City _____

State _____

Zip _____

Account Number _____

Name _____

Fax Number _____

Address _____

Suite/Unit _____

City _____

State _____

Zip _____

Account Number _____

Name _____

Fax Number _____

Address _____

Suite/Unit _____

City _____

State _____

Zip _____

Account Number _____

Name _____

Fax Number _____

Address _____

Suite/Unit _____

City _____

State _____

Zip _____

Account Number _____

Have you given any of the above a personal guaranty? _____

If so, to whom? _____

Type of Business _____

Refrigeration _____

Heating _____

_____ Air Conditioning

_____ Food Service

Other _____

Are you CFC Certified? _____

If yes, please attach a copy of your certificate

TERMS AND CONDITIONS

It is agreed that the buyer will pay all invoices in accordance with the stated terms (Net 30 Days) and interest will be assessed on all delinquent invoices at the rate of 1/5% per month (18% annum) together with any court costs, attorney fees of not less than 25% of the unpaid amount of principal and interest, all other cost of collections which the seller may incur in enforcing the terms of this agreement, all without relief from valuation and appraisal laws. If legal action becomes necessary by either the seller or buyer, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and all other respects by the laws of the State of Indiana.

The buyer further grants to the seller a security interest in buyers equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyers performance of all obligations. The buyer further authorizes the seller to file a financing statement without buyer's signature.

Buyers Signature _____

Date _____

Title _____

UNCONDITIONAL GUARANTY

I, _____, residing at _____ for an in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), of which I am _____, hereby personally guarantee to you the pay at **DUNCAN SUPPLY COMPANY, INC.** in the state of Indiana of any obligation, present or future, of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Buyers Signature _____

Date _____

PLEASE RETURN COMPLETED CREDIT APPLICATION TO:

FAX: (317) 264-6689 accts_rec@duncansupply.com