

ACCOUNT CREDIT APPLICATION

DOUGLAS CO., INC. P.O. BOX D 69 KRIF ROAD KEENE, NH 03431

Telephone: 1-800-992-9002 Fax: (603) 352-1248

Email: chalbedel@douglastoys.com

DATE: _____

COMPANY NAME:		YEARS IN BUSINESS:
ADDRESS:		□ COMMERCIAL □ RESIDENTIAL
CITY, STATE, ZIP:		
		FAX:
FED TAX ID/SOCIAL SECURITY #:		STATE RESALE # (IF APPLICABLE) :
OWNER AND/OR PRESIDENT:		
		EMAIL:
TRADE NAME (DBA) &/OR PARENT (COMPANY:	
BILL TO ADDRESS (IF DIFFERENT THA	N ABOVE):	
SHIP TO ADDRESS (IF DIFFERENT	THAN ABOVE):	
		□ COMMERCIAL □ RESIDENTIAL
TYPE OF BUSINESS: ☐ SOLE PROPR	IETORSHIP □ CORPORATION	□ PARTNERSHIP
NAME:		CT IN REGARDS TO FINANCIAL INFORMATION) TITLE: EMAIL:
1. NAME:		JALLY INVOICE YOU - NO REPS OR SHOWROOMS)ACCOUNT NUMBER:
ADDRESS: TELEPHONE:		EMAIL:
2. NAME:ADDRESS:		ACCOUNT NUMBER:
		EMAIL:
ADDRESS:		ACCOUNT NUMBER: EMAIL:
		ACCOUNT NUMBER:
		EMAIL:
ALL ORDERS ARE SUBJECT TO APPROVAL	S CO., INC. ARE NET 30 DAYS AND ALL ORDERS BELOW THE MINIMUN L OF DOUGLAS CO., INC. PRICES AI EPTED WITHOUT WRITTEN AUTHO	FOB KEENE, NH. MINIMUM M WILL BE SUBJECT TO A \$5.00 SERVICE CHARGE. RE SUBJECT TO CHANGE WITHOUT NOTICE. PRIZATION. PAYMENT WITH FIRST ORDER WILL

AUTHORIZED SIGNATURE: _____