



# Commercial Credit Application

Date: \_\_\_\_\_

Full Name of Business \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Addresses:  
Addresses: \_\_\_\_\_Accounts  
Payable: \_\_\_\_\_Purchasing:  
Department (Optional): \_\_\_\_\_

Parent Company Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Date Business  
Started: \_\_\_\_\_Number  
Employed: \_\_\_\_\_Estimated  
Annual Sales: \_\_\_\_\_Contractor  
License No: \_\_\_\_\_PO  
Required: YES  NO Tax  
Exempt YES  NO If YES, Certificate must be attached to  
(or faxed with) application to qualify.Federal  
I.D. #: \_\_\_\_\_Please  
Check One:  PROPRIETORSHIP  PARTNERSHIP  LLC  CORPORATION **STATE OF  
INCORPORATION**

Required For Proprietorship or Partnership; LLC or Corporation, If Applicable

1. Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

2. Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**APPLICATION INFORMATION MAY BE USED TO OBTAIN A PERSONAL CREDIT REPORT FROM A CONSUMER REPORTING AGENCY**

Trade References

Address

Phone Number

Account Number

Trade References	Address	Phone Number	Account Number

Bank Name

Address

Phone Number

Account Number

If credit is granted, I/We understand that the terms of the sale are net 20th of the month following purchase. In the event of default Duron Paints & Wallcoverings ("DP") may charge interest on any past due balance at the rate of 1.5% per month (i.e. 18% per annum) with said interest being calculated from the date of default.

In consideration of DP extending credit to the business referenced above ("Applicant"), I/we do hereby agree jointly and individually, to make timely payment for all goods and services supplied to me/us or to any of us or to any of us or the Applicant regardless of any credit limit assigned by DP. In the event that the Applicant's account ("Applicant") is placed with a third party for collection, I/we agree to pay all costs including actual attorney fees and court costs incurred by DP in collecting amounts owed to DP by Applicant. I/We agree that DP has the right to schedule the venue of any proceedings commenced against the Applicant and that I/we hereby waive the right to a jury trial.

I/We authorize DP to investigate Applicant's and my/our credit history (**both business and personal**), bank references and any information deemed necessary by DP to extend credit. I/We agree to: (a) immediately notify DP in writing, delivered in person or by certified mail return receipt requested, of any change in Applicant's ownership, form of business, address, or the termination of a person's authority to incur charges under the Account and (b) indemnify defend and hold DP harmless for any loss incurred thereby as a result of my/our failure to provide said written notice. This agreement shall remain in full force and effect until written notice of revocation is received by DP.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name  
Here: \_\_\_\_\_Print Name  
Here: \_\_\_\_\_**INTERNAL USE ONLY**

Store #: \_\_\_\_\_

Territory #: \_\_\_\_\_

CAC Code: \_\_\_\_\_

Approved By: \_\_\_\_\_

Anticipated Initial Credit Limit: \_\_\_\_\_

Account #: \_\_\_\_\_