

Contacts us at:

155 Carriage Drive Harpers Ferry, WV 25425 www.theductbracket.com

accounts@theductbracket.com Phone: 301-471-9774

We hereby apply for credit and certify that the information below is correct. Our understanding is that the information is for the use of your credit department only and will be held in the strictest confidence

Please Print	•	Date:
Business Name:	Phone:	
DBA:	Fax:	
Physical Address	Web:	
	Email:	
-		
Billing Address:	AP Contact Name:	
_	AP Phone Number:	
-	AP Email Address:	
_	FEIN:	
-	Credit amount Red	juested: \$
Date Busines	s Established: How many Lo	cations?
Owner, Partner or Corp	prate Offices:	
Name:	Title:	
Name:	Title:	
Name of Bank:	Phone #:	
Address:	<u> </u>	
Bank acct. Number:		
Has this business	or any of the names above ever filed for bankruptcy? Yes or No?	
Form of Business:	Propriership LLC Type of B Partnership Corporation LLP Nonprofit	wsiness: Wholesale Retailer HVAC installer
Please list at least three email only. PLEASE DO NOT LIST CO	trade accounts with which you have established Net 30 credit history. Referent ACCOUNTS.	ces are requested by fax and
Trade Reference co.:	Phone:	
Address:	Fax:	
City, State, Zip:	Account #:	
• • • • • • • • • • • • • • • • • • • •	Email:	
Contact Person:		
Trade Reference co.:	Phone:	
Address:	Fax:	
City, State, Zip:	Account #:	
•	Email:	
Contact Person:		
Trade Reference co.:	Phone:	
Address:	Fax:	
City, State, Zip:	Account #:	
•	Email:	
Contact Person:		
Trade Reference co.:	Phone:	
Address:		
_	Fax:	
City, State, Zip:		
City, State, Zip:	Account #:	
City, State, Zip: Contact Person:		