



Putting you first keeps us first.

NEW ACCOUNT APPLICATION

PO Box 35649
 Charlotte NC 28235-5649
 704-372-7766 800-849-7708 704-377-4035(fax)
 www.duncan-parnell.com

Please check if:
 FlexLease _____
 OSPS _____

BUSINESS INFORMATION		
Legal name of company:		
Street address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Billing address:		
City:	State:	ZIP Code:
Previous address (if less than 1 yr):		
Type of business:	How long in business:	
If branch, address of home office:		
Purchase order required?	Tax Exempt? (If yes, please provide certificate)	

CONTACT INFORMATION	
<u>Corporate Principals</u>	
Name:	Position:
Name:	Position:
Name:	Position:
<u>Persons authorized to use account</u>	
Name:	Position:
Name:	Position:
Name:	Position:
Purchasing agent:	Email:
Accounts payable contact:	Email:

BUSINESS/TRADE REFERENCES		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

CREDIT CARD INFORMATION		
Note: It normally takes 5 business days to process an application. If you require immediate shipment, please provide credit card information. Shipments made prior to account approval will be charged to the credit card listed.	Card type:	Card billing zip code:
	Card number:	Exp date:
	Name on card:	3 or 4 digit security code:

FOR INTERNAL USE	AGREEMENT
Salesperson: _____	I understand that purchases from Duncan-Parnell are payable 10 days after the end of the month in which they are made and agree to maintain my account on that basis.
Approved by: _____	
Credit line requested: _____	
Opened by: _____	
Customer #: _____	
	By (signature): _____
	Title: _____
	Date: _____

We at Duncan Parnell believe in doing our part to help sustain the environment and have implemented an electronic invoicing system. Please choose your preferred delivery method below.

Invoices: Email _____ Fax _____ Email/fax#: _____

Statements: Email _____ Fax _____ Email/fax#: _____

I prefer to receive monthly billing _____ I prefer to receive monthly statements _____