

**TRADE REFERENCES:**

(1) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

(2) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

(3) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**BANK REFERENCES:**

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
CHECKING ACCOUNT \_\_\_\_\_ LOAN ACCOUNT \_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I AGREE TO THE DILLON SUPPLY COMPANY TERMS & CONDITIONS (SEE SEPARATE ATTACHMENT). I UNDERSTAND INTEREST WILL ACCRUE AT 1.5% PER MONTH (18% ANNUALLY) ON INVOICES NOT PAID WITHIN 30 DAYS FROM THE INVOICE DATE AND I AGREE TO PAY THESE CHARGES.**

COMPANY: \_\_\_\_\_  
SIGNED: \_\_\_\_\_  
BY: \_\_\_\_\_  
(PLEASE PRINT NAME & TITLE)  
DATE: \_\_\_\_\_

**Please return the completed credit application to your Sales Representative or mail or fax to:**

**Dillon Supply Company  
Attn: Credit Department  
PO Box 14506  
Raleigh, N.C. 27620  
Fax: (919) 838-4351  
E-mail: [creditapp@dillonsupply.com](mailto:creditapp@dillonsupply.com)**



**Industrial Supplies Contractor Supplies  
Safety Supplies Steel Service Center**

# **Credit Application**

**1-800-849-3900  
WWW.DILLONSUPPLY.COM**

## What can a Credit Account with Dillon do for you?

Increases your buying power and gives access to the wide range of products and services we have to offer.

Provides you with a personal Dillon Representative who can answer questions and develop cost savings options for your company.

Access to Dillon's latest sales and special offers.

The convenience of ordering on your schedule. Easily place an order over the phone, in-store or at [www.dillonsupply.com](http://www.dillonsupply.com).



### Ready to sign up?

Applying for credit with Dillon Supply Company is quick and easy. Simply fill out this form and return to your Sales Representative or mail or fax to us. More information on the back.



## Dillon Supply Company Credit Application

DILLON SUPPLY BRANCH LOCATION: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ OWNER: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_ TREASURER: \_\_\_\_\_

YEAR BUSINESS INCORPORATED: \_\_\_\_\_ YEAR BUSINESS ESTABLISHED: \_\_\_\_\_

PROPRIETORSHIP: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_

TAXABLE ACCOUNT: \_\_\_\_\_ \*RESALE ACCOUNT: \_\_\_\_\_

\*MANUFACTURER: \_\_\_\_\_ \*DIRECT PAY: \_\_\_\_\_

**\*(EXEMPTION CERTIFICATE COPY REQUIRED)**

IS A STATEMENT REQUIRED? ☐ YES ☐ NO

DUNS NUMBER: \_\_\_\_\_ DGB RATING: \_\_\_\_\_

SIC CODE: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PURCHASING CONTACT: \_\_\_\_\_

PRODUCTS MANUFACTURED: \_\_\_\_\_