



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

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  COMMERCIAL  RESIDENTIAL

CITY, STATE, ZIP: \_\_\_\_\_

BUYERS NAME: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

OWNER AND/OR PRESIDENT: \_\_\_\_\_

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

TAX ID/SOCIAL SECURITY NUMBER: \_\_\_\_\_

TRADE NAME (DBA) &/OR PARENT COMPANY: \_\_\_\_\_

BILL TO ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

SHIP TO ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

\_\_\_\_\_  COMMERCIAL  RESIDENTIAL

TYPE OF BUSINESS:  SOLE PROPRIETORSHIP  CORPORATION  PARTNERSHIP

ACCOUNTS PAYABLE MANAGER (OR OTHER PERSON TO BE CONTACT IN REGARDS TO FINANCIAL INFORMATION)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

REFERENCES: (PRINCIPAL SUPPLIERS - USE ONLY THOSE WHO ACTUALLY INVOICE YOU - NO REPS OR SHOWROOMS)

1. NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

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

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

2. NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

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

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

3. NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

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

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

4. NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

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

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

IF NECESSARY, USE REVERSE SIDE FOR MORE REFERENCES

I UNDERSTAND THE TERMS OF DOUGLAS CO., INC. ARE NET 30 DAYS AND FOB KEENE, NH. MINIMUM
ORDERS AND REORDERS ARE \$150.00. ALL ORDERS BELOW THE MINIMUM WILL BE SUBJECT TO A \$5.00 SERVICE CHARGE.
ALL ORDERS ARE SUBJECT TO APPROVAL OF DOUGLAS CO., INC. PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.
ABSOLUTELY NO RETURNS WILL BE ACCEPTED WITHOUT WRITTEN AUTHORIZATION. PAYMENT WITH FIRST ORDER WILL
SPEED SHIPMENT WHILE CREDIT IS BEING ESTABLISHED.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_