

DOUGLAS COMPANY INC  
PO BOX D/69 KRIF RD  
KEENE NH 03431-0716

TELEPHONE: (603)352-3414 800-992-9002 FAX: (603)352-1248 (ATTN: ALICE) or email to aburnham@douglastoys.com

NEW ACCOUNT  
CREDIT APPLICATION

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COMPANY NAME: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

ADDRESS: (PLEASE INDICATE: COMMERCIAL \_\_\_ RESIDENTIAL \_\_\_) \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER AND/OR PRESIDENT: \_\_\_\_\_ BUYER'S NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TRADE NAME(D/B/A) &/OR PARENT COMPANY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BILL TO ADDRESS (IF OTHER THAN ABOVE): \_\_\_\_\_ TAX ID NUMBER: \_\_\_\_\_

SHIP TO ADDRESS (IF OTHER THAN ABOVE): COMMERCIAL \_\_\_ RESIDENTIAL \_\_\_ TELEPHONE: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_ BUSINESS LOCATION IS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ ( ) OWNED \_\_\_ ( ) RENTED \_\_\_

( ) SOLE OWNERSHIP ( ) CORPORATION ( ) PARTNERSHIP

D & B RATING: \_\_\_\_\_ UNDER WHAT NAME: \_\_\_\_\_

( ) YES ( ) NO \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

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

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

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

YOUR COMPANY'S BANK: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CONTACT: \_\_\_\_\_

REFERENCES:

(PRINCIPAL SUPPLIERS - USE ONLY THOSE WHO ACTUALY INVOICE YOU - NO REPS OR SHOWROOMS)

1. NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

3. NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

4. NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

IF NECESSARY, USE REVERSE SIDE FOR MORE REFERENCES. BANK ( ) IS ( ) IS NOT LENDING FUNDS.

I UNDERSTAND THAT THE TERMS OF DOUGLAS COMPANY, INC. ARE NET 30 DAYS. ALL ORDERS ARE SUBJECT TO

APPROVAL OF DOUGLAS COMPANY, 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. WE ACCEPT VISA OR MASTERCARD ONLY

BUYER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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AUTHORIZATION FOR BANK CREDIT INQUIRY:

I hereby authorize \_\_\_\_\_ (name of Bank) to reveal normal credit information to

the Credit Manager of Douglas Company, Inc. for the purpose of consideration of establishment of trade credit.

COMPANY NAME: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_