



2600 Airline Blvd, Portsmouth, VA 23701
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CREDIT APPLICATION

* Denotes Required Fields

*Bill To: _____

*Billing Address: _____

Physical Address (if different):

*City: _____

*State & Zip Code: _____

City: _____

ATTN: _____

State & Zip Code: _____

*Phone: _____

ATTN: _____

*Fax: _____

*How long in business: _____

*Type of Ownership (check one): Individual _____ Partnership _____ Corporation _____

*FEIN Number: _____

*Sales Tax Resale or Exemption Certificate Number: _____ State: _____

Please attach a copy of appropriate certificate or sales tax will be charged.

*Requested Credit Amount: _____

*Purchasing Contact(s): _____

Accounts Payable Contact: _____

Corporate Officer(s): _____

Special Shipping Instructions:

Overnight Carrier of Choice and Account Number:

Carrier Name: _____

Account Number: _____

Other Information that would be helpful to us in supplying you with our products:

TERMS AND AGREEMENTS

The Undersigned hereby makes application for credit to Performance Duct Systems and in making this application, the undersigned (Applicant) warrants solvency and the ability to pay within the terms stated on each invoice. Applicant also understands and agrees that accounts not paid when due shall be subject to a FINANCE CHARGE on the unpaid balance from time to time at the rate of 1 ½% per month, which is an ANNUAL PERCENTAGE rate of 18%. In the event the account is placed in the hands of an attorney for collection, customer will pay a reasonable attorney's fee plus court costs, and whatever other fees may be fixed by law.

*Business Name

*Signature of Owner, Partner or Officer

Date

*Signer's Title