



**Duval Electrical  
& Breaker Sales**

9595 Sunbeam Center Drive  
Jacksonville, FL 32257  
Phone: 904.262.6601

## APPLICATION FOR CREDIT

### Name/Address

Last:	First:	Middle Initial:	Title	
Company Name:			Tax I.D. Number	
Address:				
City:	State/Province:	ZIP/Postal Code:	Phone:	Fax

### Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
State/Province/Country:	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State/Province:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State/Province:	ZIP:	Phone:
<b><u>Reseller Certificate #: (US customers)</u></b>				
Please provide a copy of your resellers permit, if reseller permit is not supplied your account will be assessed applicable sales tax.				
<b><u>W9 (US customers)</u></b>				
Please provide a W9				

### Bank References

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Contact Person :	Contact Person :
Phone:	Phone:

## Trade References

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
A/R Contact Name:	A/R Contact Name	A/R Contact Name
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account No:	Account No:	Account No:
Current Balance:	Current Balance:	Current Balance:

## Financial Information

		<b>Amount of Credit Requested:</b>
Have you or your officers or affiliates ever filed a petition in bankruptcy?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your company subject to any litigation?    Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:		

## Billing Information

Accounts Payable Contact:	First Name:	Last Name:	Phone
Street	City		State    Zip Code
Send Invoices Via: ( <b>Circle One</b> )	Email	US Mail	Fax (provide #)    Fax #
Email Address:			

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

**Company Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Please Email [dean@duvalbreaker.com](mailto:dean@duvalbreaker.com) or fax (904)292-9629