



12450 Cleveland Road Suite 204
Garner, NC 27529
Phone: (919)662-9232 | Fax: (919)662-9234
www.turnkeyduct.com

CREDIT APPLICATION

*Bill To: _____
*Billing Address: _____ Physical Address(if different): _____
*City: _____ *State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
ATTN: _____ ATTN: _____
*Phone: _____
*Fax: _____
*Time in Business: _____
*Type of Ownership: Individual Partnership Corporation
*FEIN Number: _____
*Sales Tax Resale or Exemption Certificate Number: _____ State: _____
*Requested Amount: _____
*Purchase Contact(s): _____
*Accounts Payable Contact: _____
Corporate Officer(s): _____
Special Shipping Instructions: _____

Overnight Carrier of choice and Account Number:
Carrier Name: _____ Account Number: _____
Additional information that would be helpful to us in supplying you with your products:

TERMS AND AGREEMENTS

The Undersigned hereby makes application for credit to Turn Key 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 1.5% 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, the customer will pay a reasonable attorney's fee plus court costs, and whatever other fees may be fixed by law.

*Name of Business

*Signature of Owner, Partner, or Officer

*Date

*Signer's Title