

Family Owned Business with 18 Locations In North and South Carolina

Corporate Offices:

P.O. Box 31816, Charlotte, NC 28231 ◆ Phone: 704.374.0705

Fax: 704.377.6897 ◆ E-mail: Corp@dlpartsco.com

APPLICATION OF CREDIT LINE

Company Information Please Select One (1):					
☐ Home Appliance Technician	☐ HVAC Technician/Contra	actor 🗆 Other:			
Company or Corporate	Information:				
Company Name					
SSN/Federal ID (Owner) To ensure time	nely delivery, D&L Parts If you prefer to receive your	Requested C s Company prefers invoices by mail please write	to send in	voices via e-mail.	
Please list preferred bill-to email	address				
Mailing/Billing Address					
City				County	
Telephone # ()					
	Company Website				
Responsible Party Info	rmation				
	Property Owner or	Officer if Corporately	Owned		
Name	Title		SS	SN (Owner)	
Mailing Address					
City	State	Zip		County	
Telephone # ()	-	Fax # ()	-	
Email Address					
	Please List All Authoriz	zed Purchasers For Yo	ur Company		
General Information:					
Which D&L Branch will be your p	rimary source of supply?				
			-l <i>(</i> l-		□ Voc. □ No.
Do you accept backorders? Are you a CFC Certified Technician *If yes, submit a copy of your certification.		Is your company cu	urrently sale:	order on each invoice? s tax-exempt? <i>les tax certificate with this cr</i>	☐ Yes ☐ No ☐ Yes ☐ No edit application
Are you rated with Dun & Bradstre	et? □ Yes* □ No	*D&B Number			

List Three (3) Trade References:

Denied By:

References must be for actual property owner (Management Company or Privately owned) complete address, phone and fax numbers.

We Can Not accept the following as Trade References

◆Bank/Credit Cards
 ◆Utility Companies
 ◆Personal References
 ◆Building Supply Companies (i.e. Lowes)

**We prefer references for companies similar to us (other parts and equipment suppliers) **

Reference 1 Account # _____ City State Zip Fax# _____ Phone # Reference 2 Account # City State Zip Address Phone # Reference 3 Account # Address City State Zip Phone # _____ Fax# ____ **TERMS OF SALE:** I hereby release the above information to D&L Parts Company at 2100 Freedom Drive, Charlotte, NC, and authorize D&L use of all credit resources necessary to determine the worthiness of the above listed company. Additionally, I authorize D&L to periodically review my credit information as needed, as long as I maintain an open account. I understand D&L's terms are net 10th (all invoices are due on the 10th of the month following the date of purchase). Any payments received beyond these terms will be subject to a 1.5% finance charge, which are assessed on the 30th of the month past the due date (18% annual fee). Finance charges are accrued monthly. do hereby agree to reasonable collection fees and/or attorney fees in case of the default of my account. I am an authorized agent for the above listed Company and hereby agree to the above terms and conditions. Name (Print) Title Date *Important Note: This MUST be signed by property owner (apartment, hotel, etc.), company owner or company officer when property/business is corporately owned. Please Return Completed Credit Application To: Mail: D&L Parts Co. Inc. Fax: 704-377-6897 Attn: Credit Manager Email: Credit@dlpartsco.com P.O. Box 31816 Charlotte, NC 28231 or D&L FOR CORPORATE OFFICE USE ONLY: Account #: Salesperson / House#: Available Credit Line: Sales Tax Code: CFC Certified: □Yes □No Date: Approved By:

Date:

Revised: 07/20/2020