PARTS COMPANY INC. Appliance • HVAC • Maintenance - Genuine Parts, Genuine People -

## **APPLICATION OF CREDIT LINE**

Multi-Housing

Property Information				
Please Select One (1):				
Owned and managed by Management	t Company	Retirement/Asst. Living Community		
Privately owned, self-managed property		□ Hotel/Motel		
□ Privately owned, managed by a Mana	gement Company	Other		
<b>Company or Corporate Info</b>	rmation:			
Company Name				
SSN/Federal ID (Owner)		Requested Credit	Line \$	
To ensure timely de	elivery, D&L Parts Co	ompany prefers to se ices by mail please write "mai	nd invoices via e-mail.	
Please list preferred bill-to email addres	s			
Mailing/Billing Address				
City				
Telephone # (				
Email Address				
<b>Responsible Party Informat</b>	tion			
Name	Title		SSN (Owner)	
Mailing Address				
City	State	Zip	County	
Telephone #		Fax # _(		
Email Address				
Ple	ase List All Authorized	Purchasers For Your Co	mpany	
It you own multiple propert	ies please list any that :	are currently set up for a	redit with D&L Parts Company	

## **General Information:**

Which D&L Branch will be your primary	source of	supply?		
Do you accept backorders?	□ Yes	🗆 No	Do you require purchase/work order on each invoice?	🗆 Yes 🗆 No
Are you a CFC Certified Technician? *If yes, submit a copy of your certification with	□ Yes	□ No	Is your company currently sales tax-exempt? *If yes, submit a copy of your sales tax certificate with this c	□ Yes □ No
Are you rated with Dun & Bradstreet?	□ Yes*		*D&B Number	

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List Three (3) Trade Refer	ences:		
	y owner (Management Company or Privately owned) <u>We Can Not accept the following as Trade</u> •Bank/Credit Cards •Utility Companies •Pers •Building Supply Companies (i.e. Low rences for companies similar to us (other parts and e	e References sonal References ves)	
	Reference 1		,
Name	Account	#	
Address	City	State	Zip
Email	Phone #	Fax#	
	<b>Reference 2</b>		
Name	Account	#	
Address	City	State	Zip
Email	Phone #	Fax#	
	<b>Reference 3</b>		
Name	Account	#	
Address	City	State	Zip
Email	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 10<sup>th</sup> (all invoices are due on the 10<sup>th</sup> 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 30<sup>th</sup> of the month past the due date (18% annual fee). Finance charges are accrued monthly.

I \_\_\_\_\_\_\_ 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 \_\_\_\_\_

Signature \_

Date

\*Important Note: This MUST be signed by company owner or company officer when business is corporately owned.

Please Return Completed Credit Application To:						
	Mail to: D&L Parts Co. Inc. Fax to: 704-377-6897					
	Attn: Credit Manager P.O. Box 31816 Email: <u>Credit@dlpartsco.com</u>					
	Charlotte, NC 28231 Or					
	D&L FOR CORPORATE OFFICE USE ONLY:					
Account #:	Salesperson / House#:					
Branch #:	Available Credit Line:					
Sales Tax Code:	CFC Certified:   Yes  No					
Approved By:	Date:					
Denied By:	Date:					
Please Complete Both Pages of Application						

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