



8610 Wallisville Rd., Houston, TX 77029 | 713-678-8471 ph. | 713-672-0509 fax | www.DuctDirect.com

Credit Application for a Business Account

Business Contact Information

Name:		Title:	
Company name:			
Physical address:			
City:		State:	ZIP Code:
Mailing address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date business commenced:		Web:	
Sole proprietorship:	Partnership:	Corporation:	Other:

Business and Credit Information

Bank name:		Web:	
Bank address:		Phone:	Fax:
City:		State:	ZIP Code:
Type of account:	Account number:		

Business/Trade References

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

Agreement

1. Form must be completed in its entirety before it will be processed.
2. All invoices are to be paid 30 days from the date of the invoice.
3. Claims arising from invoices must be made within seven working days.
4. You authorize Duct Direct to make inquiries into the banking and business/trade references that you have supplied.

Signature

Name:		By:	
Title:		Date:	