

Credit & Billing Inquiry
A. DUIE PYLE, INC. 800-792-6553

A. Duie Pyle contact name: _____

DATE _____

COMPANY NAME:			BILL-To NAME:		
STREET			STREET		
ORIGIN: CITY STATE ZIP CODE			CITY STATE ZIP CODE		
PHONE			PHONE		
FAX			A/P CONTACT		
WEBSITE			E-MAIL ADDRESS		
DUNS#			Principle Officers		
TAX ID NUMBER					
TYPE OF BUSINESS					

Trade References (Please include fax & e-mail contacts)

1.	2.	3.
FAX #:	FAX#:	FAX#:
E-MAIL:	E-MAIL:	E-MAIL:

I authorize A. Duie Pyle, Inc to contact the above trade references.

I acknowledge A. Duie Pyle Inc. requires payment within 15 days of invoice date.

SIGNATURE OF APPLICANT	DATE	TITLE
APPROVED BY (A. DUIE PYLE, CREDIT DEPARTMENT)		

Please return by e-mail: AccountApproval@ADuiePyle.com or fax (610)696-0815