

Application for Charge Account

Door Services of Indiana, Inc.
215 Industrial Drive
Franklin, Indiana 46131
Telephone 317-780-3800
Fax 317-787-3495

COMPANY INFORMATION:

BUSINESS NAME: _____

PHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FORM OF BUSINESS: () Proprietorship () Partnership () Corporation () S Corp () LLC

IF INCORPORATED, LIST THE NAMES OF OFFICERS. IF PARTNERSHIP, NAME PARTNERS:

TYPE OF BUSINESS: _____

BOOKKEEPER OR A/P CONTACT NAME: _____

PHONE: _____ E-MAIL: _____

Anticipated Credit Needed:

\$ _____

BANK REFERENCES: *(I/we authorize our bank(s) named below to furnish complete information about our dealings with the Bank to you.)*

1. BANK: _____ ADDRESS: _____

ACCOUNT #: _____ () Checking () Savings

PHONE: _____ FAX: _____ ACCOUNT OFFICER: _____

2. BANK: _____ ADDRESS: _____

ACCOUNT #: _____ () Checking () Savings

PHONE: _____ FAX: _____ ACCOUNT OFFICER: _____

TRADE REFERENCE:

	NAME	ADDRESS	PHONE	FAX
1.	_____	_____	() _____	() _____
2.	_____	_____	() _____	() _____
3.	_____	_____	() _____	() _____
4.	_____	_____	() _____	() _____

I acknowledge that all of the above information is correct. I understand the terms of sale are NET 10 DAYS. I also agree that if my account should become past due, I may be subject to a 10% service charge on the past due amount.

Signature of Applicant

Printed Name

Title

Date