

What can an Account with Dillon do for you?

Provides you with a personal Dillon Representative who can answer questions and develop cost savings options for your company.

Access to Dillon's latest sales and personalized special offers, customizable & shareable shopping lists, as well as invoices and shipping information via www.dillonsupply.com.

The convenience of ordering on your schedule. Place an order over the phone, in-store or at www.dillonsupply.com.

Increase your buying power and get access to the wide range of products and services we have to offer.



Ready to sign up?

Applying for an account with Dillon Supply Company is quick and easy. Simply fill out this form and return to your Sales Representative or mail or fax to us. More information on the back.



Dillon Supply Company Account Application

Please select the option for how you wish to purchase with Dillon Supply.

Cash, Credit Card, COD

Please complete sections A, B & E

Trade and bank references are not required.

Line of Credit*

Please complete entire application

Standard terms & conditions apply.

A. GENERAL INFORMATION

DILLON SUPPLY BRANCH LOCATION: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

PRESIDENT: _____ OWNER: _____

VICE PRESIDENT: _____ TREASURER: _____

B. COMPANY INFORMATION

YEAR BUSINESS INCORPORATED: _____ YEAR BUSINESS ESTABLISHED: _____

PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

TAXABLE ACCOUNT: _____ *RESALE ACCOUNT: _____

*MANUFACTURER: _____ *DIRECT PAY: _____

***(EXEMPTION CERTIFICATE COPY REQUIRED)**

IS A STATEMENT REQUIRED? YES NO

DUNS NUMBER: _____ D&B RATING: _____

SIC CODE: _____ NUMBER OF EMPLOYEES: _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE: _____ E-MAIL: _____

PURCHASING CONTACT: _____

PRODUCTS MANUFACTURED: _____

C. TRADE REFERENCES:

(1) NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

(2) NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

(3) NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

D. BANK REFERENCES:

BANK NAME: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CHECKING ACCOUNT: _____ LOAN ACCOUNT: _____

E. TERMS & CONDITIONS AGREEMENT

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I AGREE TO THE DILLON SUPPLY COMPANY TERMS & CONDITIONS (SEE SEPARATE ATTACHMENT). I UNDERSTAND INTEREST WILL ACCRUE AT 1.5% PER MONTH (18% ANNUALLY) ON INVOICES NOT PAID WITHIN 30 DAYS FROM THE INVOICE DATE AND I AGREE TO PAY THESE CHARGES.

COMPANY: _____

SIGNED: _____

BY: _____

(PLEASE PRINT NAME & TITLE)

DATE: _____

**Please return the completed application to
your local Sales Representative
or mail or fax to:**

**Dillon Supply Company
Attn: Credit Department
PO Box 14506
Raleigh, N.C. 27620
Fax: (919) 838-4351
E-mail: creditapp@dillonsupply.com**



**DILLON
SUPPLY**

**Industrial Supplies Contractor Supplies
Safety Supplies Steel Service Center**

Account Application

**1-800-849-3900
WWW.DILLONSUPPLY.COM**