



23860 W. Highway 85  
Buckeye, AZ 85326  
Ph: (623) 386-4511  
Fax: (623) 386-3656

Please provide the following information to initiate the process of establishing an account with Duncan and Son Lines.

**Company:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Accounts Payable Contact:** \_\_\_\_\_ **Ph:** (\_\_\_\_) \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_ Please check one that applies:

**Corporation**  **Partnership**

**Sole Proprietorship**  **Other** \_\_\_\_\_

**Principal Owners or Officers:**

1. \_\_\_\_\_ SSN: \_\_\_\_\_

2. \_\_\_\_\_ SSN: \_\_\_\_\_

3. \_\_\_\_\_ SSN: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_ Acc No. \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**Trade References:** (Please provide full information)

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Years of association:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Years of association:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Years of association:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

I am authorized to complete this form and request credit on behalf of this company. If the information provided changes materially before or at anytime while credit has been extended, applicant will provide update of material changes in the company's information; which may affect the initial and continuing credit decisions. All the information provided on this application is true and correct and have been offered on behalf of the company to determine whether account privileges may be grated/extended to the applicant.

\_\_\_\_\_  
(Authorized Signature and Title)

\_\_\_\_\_  
(Date)