

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

ADP Contact Name: _____
Fax 610-696-0815 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 phone & fax numbers)

<p>1.</p> <p> </p> <p> </p> <p> </p> <p> </p> <p>FAX #:</p> <p>E-MAIL:</p>	<p>2.</p> <p> </p> <p> </p> <p> </p> <p> </p> <p>FAX#:</p> <p>E-MAIL:</p>	<p>3.</p> <p> </p> <p> </p> <p> </p> <p> </p> <p>FAX#:</p> <p>E-MAIL:</p>
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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
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APPROVED BY (A. DUIE PYLE, CREDIT DEPARTMENT)

Return by fax to (610) 696-0815 or e-mail adp_ar@aduiestyle.com