



# DIEHL & SONS Inc.

129-01 Atlantic Ave. Richmond Hill, NY 11418

Phone: (718)846-8150 Fax: (718)805-4366

**Any application that is not completed in its entirety will be returned.**

**(Please Print)**

Company Name: \_\_\_\_\_ Dun&BradstreetID: 

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Billing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Proprietor, Partner, or Principle's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Business: \_\_\_\_\_ (Manufacturer \_\_\_\_\_ Dealer \_\_\_\_\_ Other \_\_\_\_\_)

Please list any product(s) with franchise affiliation (brand name) that you distribute or manufacture: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Affiliate of: \_\_\_\_\_ Date Established: \_\_\_\_\_

Resale Certificate # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Please send a copy of your certificate with this application; or Diehl & Sons Inc will be required, by law, to collect state & local taxes.

**Bank Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account # \_\_\_\_\_ Loan # \_\_\_\_\_

Signature Authorizing the Bank to Supply Information: \_\_\_\_\_

**(Required Signature)**

**Trade References:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Line of Credit Requested: \_\_\_\_\_

*\*Note - Any false information or misrepresentations found on this application are grounds for rejection and by signing this application, your company warrants that it will keep all accounts with Diehl & Sons Inc. within terms of sale extended. If the account goes beyond 30 days, your company agrees to pay service charges not to exceed 1.3% and any collection fees incurred on past due accounts.*

