



# GREENBERG SUPPLY Co., INC.

Wholesale Distributors

HEATING • COOLING • INDUSTRIAL • ELECTRICAL  
5TH & CHURCH STS. P.O. BOX 9248 WILMINGTON, DE 19809-0248  
PHONES: WILM. (302) 656-4496  
TOLL-FREE FROM MD., PA., NJ. — 1-800-441-7042  
FAX NO. — (302) 656-6888



DAYTON PRODUCTS

## CUSTOMER CREDIT APPLICATION

SOCIAL SECURITY OR FEDERAL I.D. NUMBER \_\_\_\_\_

LEGAL NAME \_\_\_\_\_

TRADE NAME \_\_\_\_\_

ADDRESS — MAILING \_\_\_\_\_

SHIPPING \_\_\_\_\_

TELEPHONE NUMBERS — OFFICE \_\_\_\_\_ FAX# \_\_\_\_\_ HOME \_\_\_\_\_

CUSTOMER CLASSIFICATION	___ TRADESMAN	___ APARTMENT	___ PROPERTY MGT. CO.
	___ COMMERCIAL	___ MECH. CONT.	___ HVAC CONT.
	___ INDUSTRIAL	___ GEN. CONT.	___ OTHER _____

REQUIRE P.O.#/JOB NAME \_\_\_\_\_

AUTHORIZED TO PURCHASE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### PRINCIPAL PERSONNEL:

PRESIDENT OR OWNER \_\_\_\_\_ SS NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

TREASURER \_\_\_\_\_

GENERAL MANAGER \_\_\_\_\_

PURCHASING AGENT(S) \_\_\_\_\_

PLANT SUPERINTENDANT \_\_\_\_\_

MANAGER OF ACCOUNTS PAYABLE DEPT. \_\_\_\_\_

### GENERAL INFORMATION:

YEARS IN BUSINESS \_\_\_\_\_ DATE BUSINESS INCORPORATED \_\_\_\_\_

ANTICIPATED SALES VOLUME FOR THE YEAR \_\_\_\_\_

MONTHLY CREDIT LIMIT APPLIED FOR \_\_\_\_\_

### ENCLOSURES:

FINANCIAL STATEMENT

TAX EXEMPTION CERTIFICATE

GUARANTEE OF ACCOUNT

CONTINUED ON REVERSE SIDE

**CREDIT REFERENCES**

BANKS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_

LIST COMPANIES YOU HAVE OPEN AN CHARGE ACCOUNT WITH

OTHERS: NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_

BRANCH SERVICED FROM \_\_\_\_\_  
REMARKS: \_\_\_\_\_

TO AVOID DELAYS, BE SURE TO COMPLETE ALL BLANKS CORRECTLY.

DATE SUBMITTED \_\_\_\_\_ OUR REPRESENTATIVE \_\_\_\_\_