



# DEACON INDUSTRIAL SUPPLY COMPANY, INC.

## NEW CUSTOMER FORM

**INSTRUCTIONS:** Section 1: Customer Profile is REQUIRED for all customers.

Section 2: Credit Application must be filled out and signed if you are using a purchase order or requesting a credit account with Deacon Industrial.

Submit completed form to Email (preferred) [ar@deaconind.com](mailto:ar@deaconind.com) or fax 267-416-7905.

### SECTION 1: CUSTOMER PROFILE

Company Name \_\_\_\_\_

Physical Address (Ship to) \_\_\_\_\_

Mailing Address (Bill to) \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPANY OWNERS/OFFICERS and KEY CONTACTS:**

Name \_\_\_\_\_ Email \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Title \_\_\_\_\_

Controller/CFO \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable \_\_\_\_\_ Email \_\_\_\_\_

**COMPANY INFORMATION:** Corporation Partnership Sole Proprietorship

Start of Business Date \_\_\_\_\_ Number of Employees \_\_\_\_\_ Estimated Monthly Purchases \$ \_\_\_\_\_

Type of Business (Principal Activity) \_\_\_\_\_ Dun & Bradstreet# \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you exempt from State Sales Tax? Yes No Tax Exempt # \_\_\_\_\_ (Attach Certificate)

<b>FOR INTERNAL USE ONLY:</b>	
<b>CUSTOMER ID</b> _____	<b>COLUMN</b> _____
<b>DIVISION</b> _____	<b>SALES PERSON</b> _____



## SECTION 2: CREDIT APPLICATION

**BUSINESS REFERENCES:** (Please list at least one Supply House, if possible)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email/Fax \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email/Fax \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email/Fax \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**BANK REFERENCES (CHECKING):** Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Branch Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**EFT PAYMENT (preferred)**

**YES!** We would like to be set up to pay via ACH/EFT

*Email contact:* \_\_\_\_\_

**INVOICES & STATEMENTS** - Where should we send your invoice?

E-mail Delivery (preferred) *Send to:* \_\_\_\_\_

Standard Mail Delivery

Would you like a monthly statement sent to you?  YES  NO

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**HEADQUARTERS**

1510 Gehman Road  
Harleysville, PA 19438  
215.256.1715

**CAMP HILL BRANCH**

2410 Gettysburg Road  
Camp Hill, PA 17011  
717.409.7100

**MARCUS HOOK BRANCH**

1400 Blueball Avenue  
Marcus Hook, PA 19061  
484.490.9750



**\*\*STATEMENT MUST BE SIGNED TO PROCESS CREDIT APPLICATION\*\***

All invoices are to be paid **30 days from the date of the invoice** (unless otherwise stated). Claims arising from invoices must be made within seven working days. I authorize Deacon Industrial to make inquiries into the banking and business references that have been provided. I understand that a service charge of 1.5% per month will be charged on past due balances. If this account is sent to collection, I understand a 20% fee will be assessed for attorney/collection costs. Deacon Industrial Supply Company reserves the right to withdraw the extension of credit at any time at their sole discretion.

\*Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

**Submit to Deacon Industrial's corporate office - 1510 Gehman Road, Harleysville, PA**

**19438 Email (preferred) [ar@deaconind.com](mailto:ar@deaconind.com) or fax 267-416-7905**

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