

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)

1.	2.	3.
FAX #:	FAX#:	FAX#:
E-MAIL:	E-MAIL:	E-MAIL:

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
APPROVED BY (A. DUIE PYLE, CREDIT DEPARTMENT)		

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