



D & D FURNITURE CO. INC.
P. O. Box 1137, Collinsville VA 24078
Ph-276-632-8500 Fx-276-632-0029

Credit Application

Payee Address:

Co. Name _____ Phone: _____

Street _____ Fax: _____

City, State, Zip _____ E-Mail: _____

Accounts Payable Contact: _____ Phone, Ext. _____

TRADE REFERENCES:

| COMPANY: | ADDRESS: | ACCT # | PHONE--FAX |
|----------|----------|--------|------------------------|
| _____ | _____ | _____ | Ph: _____ FX: _____ |
| _____ | _____ | _____ | Ph: _____ FX: _____ |
| _____ | _____ | _____ | Ph: _____ FX: _____ |
| _____ | _____ | _____ | Ph: _____ FX: _____ |

BANK REFERENCES

Bank Name _____ Contact: _____

Street: _____ Ph: _____

City, State, Zip _____ Fx: _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize D & D Furniture Co, Inc. to investigate the references to my/our credit and financial responsibility. I/We do understand that terms will be contingent upon credit approval. I/We agree to these conditions.

Print Name: _____

Date: _____

Sign Name _____

Title: _____