



296 Taugwonk Road, Stonington, CT 06378 ■ www.dunckleeinc.com
Phone (860) 535-2552 ■ (860) 388-5001 ■ Fax (860) 535-5420
CT LIC. S1-405511 ■ SM1-3770 ■ RI LIC. 8307

APPLICATION FOR CREDIT
Individual, Partnership, Proprietorship

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

SSN# _____ Date of Birth _____

Your Employer _____ Phone # _____

Employer Address _____ City _____ State _____ ZIP _____

Your Position _____ Years _____ Salary _____

Co-applicant, partner or spouse

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

SSN# _____ Date of Birth _____

Employer _____ Phone # _____

Employer Address _____ City _____ State _____ Zip _____

Position _____ Years _____ Salary _____

Previous Address _____ City _____ State _____ Zip _____

Own [] Rent [] Years at this address _____ Mortgage/monthly rent _____

Landlord/Mortgage _____ Phone # _____

Address _____ City _____ State _____ Zip _____

“Your Climate Control Experts Since 1973”



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Name and address of nearest relative not living with you:

May we have the name of your bank _____

Address _____ City _____ State _____ Zip _____

[] Checking Acct # _____ [] Savings Acct # _____

Please give several other credit references and locations:

1. _____ 2. _____

3. _____ 4. _____

You promise that any credit information furnished to us is true and complete and understand that this information will be relied on by us in establishing your account and in extending credit under your account. We have the right to investigate your credit, employment and income records, and have the right to verify your credit references and to report the way you pay this account to credit bureaus and other interested parties. Terms: 1 ½% per month interest after 30 days which is an annual rate of 18%. Buyer agrees to pay all costs and reasonable attorney's fees if this invoice is placed in the hands of an attorney for collection. No refunds or returns, deposits are non-refundable. Your signature means that you have read and agree to the terms.

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____

Please return to: Jonathan Duncklee, President

Email: jduncklee@dunckleeinc.com

Fax: 860-535-5420

ALL YOUR INFORMATION IS CONFIDENTIAL AND NOT SHARED OR SOLD TO ANYONE OR ANY FIRM EVER

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