



CREDIT APPLICATION

CUSTOMER INFORMATION

DATE: _____

NAME OF BUSINESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX #: _____ D&B#: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

ACCOUNTS PAYABLE

CONTACT: _____ EMAIL ADDRESS: _____

TELEPHONE: _____ FAX #: _____

BILL TO ADDRESS: (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____

CHECK APPLICABLE BUSINESS STRUCTURE: CORPORATION PARTNERSHIP PROPRIETORSHIP

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____

WE WILL INVOICE YOU SALES TAX UNLESS YOU INDICATE OTHERWISE:

ARE YOU TAXABLE YES NO (IF NO PLEASE PROVIDE RESALE CERTIFICATE OR TAX EXEMPT CERTIFICATE)

ARE PURCHASE ORDERS REQUIRED? YES NO

() CHECK HERE IF C.O.D SALES ARE ACCEPTABLE UNTIL CREDIT IS APPROVED.

PRINCIPAL FULL NAME: _____

SOCIAL SECURITY #: _____ TITLE: _____

REFERENCE INFORMATION---PLEASE SIGN THIS PLUS THE THREE (3) ATTACHED SHEETS.

I HEREBY AUTHORIZE THERMACON SERVICE COMPANY, INC. TO INVESTIGATE MY/OUR FINANCIAL RESPONSIBILITY AND CREDIT WORTHINESS FOR THE PURPOSE OF ESTABLISHING OPEN ACCOUNT CREDIT FOR MY/OUR FIRM. THE SIGNATURE BELOW CONSTITUTES MY/OUR AUTHORIZATION TO THE NAMED INDIVIDUALS/REFERENCES TO RELEASE REQUESTED INFORMATION FROM THE PROVIDED REFERENCES, AND BINDS MY/OUR FIRM TO PAY ALL MONIES DUE ON AND CREDIT ACCOUNT ESTABLISHED AS A RESULT OF THIS APPLICATION. I UNDERSTAND THE TERMS OF THIS ACCOUNT IS NET DUE 30 DAYS FROM DATE OF INVOICE. UNPAID BALANCES BEYOND 30 DAYS ARE SUBJECT TO FINANCE CHARGES OF 18% OR THE MAXIMUM ALLOWED BY LAW. ALL RETURNED CHECKS SUBJECT TO \$25.00 RETURN CHECK FEE.

AUTHORIZED SIGNATURE: _____ DATE: _____



CREDIT APPLICATION

BANK REFERENCE INFORMATION

TO:

BANK: _____ ACCOUNT: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

OFFICER: _____ TELEPHONE: _____ FAX: _____

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AUTHORIZED SIGNATURE: _____ DATE: _____



CREDIT APPLICATION

TRADE REFERENCE INFORMATION

TO:

TRADE REFERENCE: _____ ACCOUNT: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

OFFICER: _____ TELEPHONE: _____ FAX: _____

I HEREBY AUTHORIZE THERMACON SERVICE COMPANY, INC. TO INVESTIGATE MY/OUR FINANCIAL RESPONSIBILITY AND CREDIT WORTHINESS FOR THE PURPOSE OF ESTABLISHING OPEN ACCOUNT CREDIT FOR MY/OUR FIRM. THE SIGNATURE BELOW CONSTITUTES MY/OUR AUTHORIZATION TO THE NAMED INDIVIDUALS/REFERENCES TO RELEASE REQUESTED INFORMATION FROM THE PROVIDED REFERENCES, AND BINDS MY/OUR FIRM TO PAY ALL MONIES DUE ON AND CREDIT ACCOUNT ESTABLISHED AS A RESULT OF THIS APPLICATION.

AUTHORIZED SIGNATURE: _____ DATE: _____



CREDIT APPLICATION

TRADE REFERENCE INFORMATION

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TRADE REFERENCE: _____ ACCOUNT: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

OFFICER: _____ TELEPHONE: _____ FAX: _____

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AUTHORIZED SIGNATURE: _____ DATE: _____