



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address

Street address:

Unit #:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

If primary business address is the same as above, check here

Primary business address / physical address (if different from above)

Street address:

Unit #:

City:

State:

ZIP Code:

How long at current address?

BILLING INFORMATION

If billing address is the same as above, check here

Billing address (if different from above)

Street address:

Unit #:

City:

State:

ZIP Code:

Accounts Payable Contact (Name):

Accounts Payable E-Mail:

Accounts Payable Telephone:

Fax:

Special Billing Instructions:



BANKING INFORMATION			
Bank name:		Phone:	
Bank street address:			
City:		State:	ZIP Code:
Type of account:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Other <input type="checkbox"/>
Account number:			
BUSINESS/TRADE REFERENCES			
Company name:			
Street address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Street address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Street address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Ambient Edge Air Conditioning and Refrigeration, Inc. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Signature: _____		Signature: _____	
Print Name: _____		Print Name: _____	
Title: _____		Title: _____	
Date: _____		Date: _____	