



BUSINESS CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title		Date Business Commenced	
Company Name		Annual Sales	
Phone Fax		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Tax ID
E-mail			Tax Exempt?
Registered Company Address City, State ZIP Code			<input type="checkbox"/> No <input type="checkbox"/> Yes – please include tax exempt certificate

BUSINESS AND CREDIT INFORMATION

Primary Business Address City, State ZIP Code		Bank Name	
		Bank City, State	
How long at current address?		Bank Phone	
Phone		Account Number	
Fax		Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
E-mail		Bank Contact	
Type of Business		Bank Contact Phone	
NAICS Code		Bank Contact Email	
Requested Credit Limit \$		Dun & Bradstreet (DUNS) No.	

OWNERS, PARTNERS AND OFFICERS

Name of Owner or Partner		Name of Owner or Partner	
Address City, State ZIP Code		Address City, State ZIP Code	
Name of Corporate Officers			
President		Vice President	
Secretary		Treasurer	

BUSINESS/TRADE REFERENCES

Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of Account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

ACCOUNTS PAYABLE CONTACT

Main A/P Contact		Email Invoices?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Main A/P Phone		Send Copies of Invoices via Post Mail to Primary Business Address?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Main A/P Email			
Email Invoices To			
Do you provide ACH/EFT payment options?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require Purchase Orders?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you require Purchase Orders, please fill out the following:			
Purchasing Department Contact			
Purchasing Department Phone			
Purchasing Department Email			

ORDER DETAILS

Initial Order Request	<input type="checkbox"/> Service Call/Repair <input type="checkbox"/> Service Agreement (<input type="checkbox"/> HVAC <input type="checkbox"/> Generator <input type="checkbox"/> UPS <input type="checkbox"/> OMNI <input type="checkbox"/> Other) <input type="checkbox"/> Special Projects (<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Installation <input type="checkbox"/> Professional Services <input type="checkbox"/> Other) <input type="checkbox"/> Rental – please explain:
Additional Notes	

AGREEMENT

1. All invoices are to be paid Net 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. **Applicant** hereby authorizes **ThermFlo, Inc.** or any of its affiliated corporations, the right to investigate the credit of the **Applicant** with any of its trade references, suppliers, financial institutions, credit bureaus or credit reporting agencies.
4. All sums not paid when due shall bear interest at the rate of **18% per annum** from the day payment is due until paid or the maximum legal rate permitted by law, whichever is less.

SIGNATURES

*Signature		Signature	
Name and Title		Name and Title	
Date		Date	
Phone		Phone	
Email		Email	

*The signature of an authorized bank signatory is required.