

HVAC Parts Outlet
Business Credit Application
 PO Box 44
 Walkersville MD 21793
 Phone: 301-845-8005 Fax 240-597-0682

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	Zip:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	Zip:
Phone:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	Zip:
Phone:	

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. All payments are due 30 days after an order. Late fees will be assessed on any account more than 45 days past due at a rate of 1.5% per month.

Signature

Date