



PO Box 40014 Baton Rouge, LA 70835

ACCOUNTING DEPARTMENT

Phone: (225)275-6930

Fax: (225)275-6555

CREDIT APPLICATION

Legal Name of Company: _____

Billing Address: _____

Telephone: _____ FAX: _____

Name of Parent Company: _____

Type: (Corp, Partnership, LLC, etc.) _____ Date Established: _____ No. of Emp. _____

Annual Sales Volume _____ Federal Tax ID # _____ Dun & Bradstreet # _____

BANK REFERENCES

Name: _____ Address: _____ Fax # _____

VENDOR REFERENCES

Name: _____ Address: _____

Phone: _____ Fax : _____

Name: _____ Address: _____

Phone: _____ Fax : _____

Name: _____ Address: _____

Phone: _____ Fax : _____

Name: _____ Address: _____

Phone: _____ Fax : _____

Completed By: _____ Date: _____

All invoices are due within 30 days. A finance charge of 1.5% per month (APR 18%) will be applied on all invoices over 30 days. Attorney or collection fees, if any, are additional and will be added.

Personal Guarantee

For valuable consideration received in the form of credit granted to (Business Name) _____ at the request of the Undersigned, the Undersigned hereby jointly and severally guarantees payment of all present and/or future indebtedness owing to Air-Side Equipment, Inc. by the above named customer. The undersigned confirm(s) that the above information and representations are true and correct.

Signed: _____ Social Security #: _____

Printed Name: _____ Date: _____