



CREDIT APPLICATION

COMPANY NAME: _____ PHONE/FAX: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

Partnership Sole Proprietorship Corporation State Incorporated

PARTNERSHIPS AND SOLE PROPRIETORSHIPS:

NAME: _____ SSN#: _____

ADDRESS: _____ STATE ID #: _____

CITY/STATE/ZIP: _____

CORPORATIONS:

FED ID # _____

OFFICER: _____ TITLE: _____

OFFICER: _____ TITLE: _____

BANK INFORMATION:

BANK: _____ PHONE: _____

ACCOUNT #: _____ FAX: _____

ADDRESS: _____ CONTACT PERSON: _____

TRADE REFERENCES:

1) NAME: _____ ACCOUNT #: _____

ADDRESS: _____

PHONE: _____ FAX: _____

2) NAME: _____ ACCOUNT #: _____

ADDRESS: _____

PHONE: _____ FAX: _____

3) NAME: _____ ACCOUNT #: _____

ADDRESS: _____

PHONE: _____ FAX: _____



CREDIT AUTHORIZATION AND TERMS

We, _____, hereby authorize Turbo Coil Refrigeration Systems, Inc. to verify our account status with the references provided. We understand that the initial order will be Cash Upon Delivery (COD). Thereafter, with an extension of a line of credit, we agree to pay Turbo Coil Refrigeration Systems, Inc., Net-30 from the date of invoice. All late payments are subject to twenty percent (20%) per annum and five percent (5%) compound interest rate. If collection is necessary, we agree to pay all reasonable costs incurred by Turbo Coil Refrigeration Systems, Inc. Cancelled orders are subject to restocking fee calculated at twenty five percent (25%) of purchase value.

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

