

CONFIDENTIAL CREDIT AGREEMENT

Company Bill To		Ship To	
Address			
City/State/Zip			
Telephone	Fax	Years in Business	
Products or Services	Entity Type: Corporation Proprietorship Partnership		
Other:			

Contacts: Accounts Payable Contact: Phone:	P.O. Required:	Yes	No
	Purchasing Contact:	Phone:	
	<i>Invoices are faxed or emailed - List preference along with fax # or address:</i>		

Trade References: List Name, Address & Account # (if applicable) ***Fax Numbers Required!***

1-	Phone Fax Contact
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2-	Phone Fax Contact
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3-	Phone Fax Contact
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Bank Reference:

Account No:
Phone:
Fax:
Contact:

If tax exempt, please complete and return copy of State of California, Sales & Use Tax Exemption Certificate.

The above information is provided for the purpose of obtaining credit and warranted to be true. I / we hereby authorize Air Concepts and Controls, Inc. to investigate the references listed pertaining to our credit and financial responsibility. Upon credit approval Air Concepts and Controls, Inc. will extend terms of NET 30.

Signed: _____

Date: _____

Printed Name: _____

Title: _____