



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship	SS# _____
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	EIN# _____
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	
Accounts Payable Contact		Accounts Payable Email	

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Bank business address City, State ZIP Code	
Phone		Bank Phone	
Fax		Bank Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

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	
Owner of Property where equipment is being used		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. Payment terms are outlined in Master Terms on your contract and Customer agrees to pay a late charge from the date such payment becomes due of one and one-half percent (1.5%) per month.
2. Claims arising from invoices must be made within three Business days.
3. By submitting this application, you authorize Cold Air Rentals, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Authorized Signature		Credit Limit Requesting	
Name and Title		Amount Approved	
Date		CAR Signature/Date	Date