



*"Your Comfort Is Our Commitment"*  
**APPLICATION FOR CREDIT**

**COMPANY INFORMATION**

Company Name \_\_\_\_\_ Property Owner \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Owner Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Check One: Corporation ( ) Partnership ( ) Sole Proprietor ( ) Other ( )

Tax Exempt: No ( ) Yes ( ) \*\*\*\*\* *must attach tax exemption certificate* \*\*\*\*\*

Date business started \_\_\_\_\_ Purchase Orders Required: Yes ( ) No ( )

**Principals:**

**Authorized Personnel to Sign Invoices:**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

**Bank References:**

Bank Name \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_

# APPLICATION FOR CREDIT

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## Trade References:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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### **QUICK CREDIT**

I WISH TO APPLY FOR IMMEDIATE CREDIT. B. Carlson Heating & Air Conditioning, Inc. has my permission to charge my credit card for any outstanding balance over 1 day past due. Terms are net 30 days from date of original invoice. I understand my card will be pre-authorized for the amount of the approved credit limit.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_

Credit Card: Visa ( ) MasterCard ( ) Discover ( )

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### **STANDARD CREDIT**

*(Please allow 3-5 business days for processing)*

I AUTHORIZE B. Carlson Heating & Air Conditioning, Inc. to contact all of the above listed credit references to inquire into our payment history. In addition, I understand payment is due 30 days from the date of the original invoice. All balances past 30 days will be charged a late fee of \$15.00, and interest will accrue at a rate of 1 ½% per month. I understand if my account is turned over for collection, I am responsible for any legal fees, collection fees, and any other fees associated with collecting any past due balances. Past due accounts will be placed on C.O.D. basis.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

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### **For Office Use Only**

Notes: \_\_\_\_\_

Credit authorized: No ( ) Yes ( ) Credit Limit \_\_\_\_\_ By \_\_\_\_\_