



6500 Commonwealth Dr. Roanoke, VA 24018 540-344-9253 FAX 540-342-6143

APPLICATION FOR CREDIT

Firm Name:
Shipping Address:
Mailing Address:
City/State/Zip Code:
Phone#: Fax#: Email:
AP Contact Name: AP Phone Number:
Email to Send Invoices:
Sole Owner: Partnership: Corporation
Type of Business: In Operation Since:
Federal Tax ID:
Are you Tax Exempt? If Yes, Attach Certificate.

Principal Owner(s)/Officer(s) are:

Table with 4 columns: Full Name, Title, Home Address, Social Security #

Name of Bank: Branch:
Street Address:
City/State/Zip Code:
Phone Number: Number of Bank Account:
Name of Bank Officer Handling Account:

Please provide 3 Supplier references with whom you have had credit accounts during the last 18 months.

Supplier: Phone#: Fax#:
Contact: Email:
Account Number:
Mailing Address: City/State/Zip Code:

Supplier: Phone#: Fax#:
Contact: Email:
Account Number:
Mailing Address: City/State/Zip Code:

Supplier: Phone#: Fax#:
Contact: Email:
Account Number:
Mailing Address: City/State/Zip Code:

EPA Certification: In compliance with Federal Law, list name and certification number of your employees who are Certified to purchase refrigerant and pre-charged split system Air Conditioners & Heat Pumps.

Name: Certification Number:

