



P.O. Box 27132
 Greenville, SC 29616-2132
 Phone: (864) 848-9670
 Fax (864) 848-9755
 www.aircentersofsc.com

CONDIFENTIAL CREDIT APPLICATION

Name: _____
 (Full Legal Name of Applicant)

Billing Address: _____ Shipping Address: _____
 (Street or P.O. Box) (Street Address - no P.O. Box)

 (Address line 2) (Address line 2)

 (City/State/Zip/County) (City/State/Zip/County)

Type of Business Entity: Corporation Partnership Proprietorship Individual
 Federal ID Number: _____ (or) Social Security Number: _____
 Name(s) of President/Owner/Partners: _____

Type of Business: _____ No. of Years in Business: _____
 Expected Purchases: Monthly \$ _____ Annually \$ _____ Credit Limit Requested \$ _____
 Purchase Order Required: Yes No Exempt from SC Sales Tax: Yes No
 Except Certificate No: _____
 (Please provide copy of exemption certificate)

Person Responsible for Accounts Payable: _____
 Phone: _____ Fax: _____

BUSINESS REFERENCES WHERE CREDIT IS CURRENTLY BEING EXTENDED

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

BANK INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____