



# CREDIT APPLICATION FOR A BUSINESS ACCOUNT

## BUSINESS CONTACT INFORMATION

Company Name:

Contact:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Date business commenced:

Tax ID #:

Sole proprietorship:

Partnership:

Corporation:

Other:

To whose attention should invoices be sent?

Are you tax exempt?  Yes  No If yes, please attach appropriate tax exempt form.

If you would like to pay by credit card, please provide information below:  VISA  Mastercard  Discover

Card Number:

Exp. Date:

Name On Card:

Address on Card Account:

Shipping Address:

Preferred Send Method Invoices/Statements:  US Mail  E-Mail E-Mail Address:

## BANK INFORMATION

Bank name:

Phone:

Bank address:

City:

State:

ZIP Code:

Type of account:  Savings  Checking  Other:

Account number:

## BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Mastercool Ag Air, Inc. to make inquiries into the banking and business/trade references that you have supplied.

## SIGNATURES

Title:  
Date:

Title:  
Date: