



2702 Johnson Avenue, Roanoke, VA 24017 540-344-9253 FAX 540-342-6143

APPLICATION FOR CREDIT

Firm Name:
Shipping Address:
Mailing Address:
City/State/Zip Code:
Phone#: Fax# E-Mail
Sole Owner Partnership Corporation
Type of Business: In Operation Since:

Principal Owner(s)/Officer(s) are:
Full Name Title Home Address Social Security#

Are You Tax Exempt? If Yes, Attach Certificate

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

Federal Tax ID:

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

Supplier: Phone Number: Fax Number:
Contact: Account Number:
Mailing Address: City/State/ZIP Code:

Supplier: Phone Number: Fax Number:
Contact: Account Number:
Mailing Address: City/State/ZIP Code:

Supplier: Phone Number: Fax Number:
Contact: 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:
Name: Certification Number:
Name: Certification Number:

