

Air Flow Architectural Inc		CREDIT APPLICATION	
8355 W Bradley Road	ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE		
Milwaukee WI 53223			
BUSINESS NAME		MAIN PHONE NUMBER	
STREET (MAILING ADDRESS)		FAX NUMBER	
CITY	STATE	ZIP	FEIN #
CLIENT TYPE <input type="checkbox"/> ENGINEERING FIRM <input type="checkbox"/> MECHANICAL CONTRACTOR <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> ELECTRICAL CONTRACTOR <input type="checkbox"/> TEMPERATURE CONTROL CONTRACTOR <input type="checkbox"/> BUILDING OWNER <input type="checkbox"/> WHOLESALE <input type="checkbox"/> SPECIALTY CONTRACTOR			
TAX EXEMPT OR RESALER ? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please include Certificate)		# OF YEARS IN BUSINESS	
STREET (SHIPPING ADDRESS)		EMAIL ADDRESS FOR ACCOUNTS PAYABLE	
(CITY, STATE, ZIP)		CONTROLLER'S NAME	
		ACCOUNTS PAYABLE CONTACT	
PRINCIPLE (OWNER'S NAME)		PO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES-SUPPLIERS SELLING ON OPEN ACCOUNT *NEED COMPLETE INFORMATION

BANK NAME		*1. SUPPLIER'S NAME	
STREET		STREET	
CITY	STATE	ZIP	CITY STATE ZIP
PHONE NUMBER	FAX NUMBER	PHONE NUMBER	FAX NUMBER
ACCOUNT NUMBER			
*2. SUPPLIER'S NAME		*3. SUPPLIER'S NAME	
STREET		STREET	
CITY	STATE	ZIP	CITY STATE ZIP
PHONE NUMBER	FAX NUMBER	PHONE NUMBER	FAX NUMBER

**If invoices go into collection and or litigation, your company will be held liable for all reasonable attorneys and court fees.

(APPLICANTS SIGNATURE) TITLE DATE

Air Flow Contact Information:
Tel: 414-351-1999
Fax: 414-351-1933
Accounting Fax: 414-351-0850

We also take Mastercard and Visa.
We require written Purchase Orders.
Having a payable over terms or credit limit will immediately put your account "On Hold".

For information on our literature:
Go to www.airflowreps.com

AUTHORIZATION TO RELEASE CREDIT INFORMATION

The Undersigned does hereby authorize any bank or trade reference with whom I am doing business with to release credit information to **Air Flow/Air Flow Architectural Inc** for the purpose of completing their subcontractor registration process.

Name of Business

Street Address

City State Zip

Signature Date

Print Name and title

Witness Signature Print Name & Date