

<b>Air Flow Inc</b>	<b>CREDIT APPLICATION</b>		
8355 W Bradley Road Milwaukee WI 53202	ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE		
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](http://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.

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Name of Business

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Street Address

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City State Zip

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Signature Date

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*Print Name and title*

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Witness Signature Print Name & Date