PHOENIX THERMAL SUPPLY

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company A/P Contact Names:			
Phone(s):	Fax:	E-mail:	
Bill to address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	FEIN #:

BUSINESS AND CREDIT INFORMATION			
Ship To address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Bank name:			
Bank address:	Bank Phone:		
Bank City:	Bank State:	Bank ZIP Code:	
Type of account	Account number		
Checking			
Banking Contact / e-mail	/		

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account (Terms):			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account (Terms):			
Company name:			
Address:			
City:	State: IL	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account (Terms) :			

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, we authorize your company to make inquiries into the banking and business/trade references supplied.
4. Printed Name of Authorized Officer / Position : _____/_____
5. Signed Name of Authorized Officer / Date : _____/_____