



**AXIS**  
PORTABLE AIR

## APPLICATION FOR CREDIT

\_\_\_\_\_  
NAME OF FIRM OR INDIVIDUAL

\_\_\_\_\_  
YEARS IN BUSINESS

\_\_\_\_\_  
MAILING ADDRESS STREET CITY STATE ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SHIPPING ADDRESS STREET CITY STATE ZIP

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
AP CONTACT/EMAIL

\_\_\_\_\_  
FEDERAL TAX ID

\_\_\_\_\_  
AP EMAIL TO RECEIVE INVOICES (IF DIFFERENT)

CORPORATION <sup>1</sup>

INDIVIDUAL <sup>1</sup>

PARTNERSHIP <sup>1</sup>

SOLE PROPRIETORSHIP <sup>1</sup>

## PRINCIPALS OF COMPANY

\_\_\_\_\_  
NAME ADDRESS TITLE

\_\_\_\_\_  
NAME ADDRESS TITLE

## CREDIT REFERENCES

\_\_\_\_\_  
COMPANY ADDRESS PHONE & FAX # CONTACT

\_\_\_\_\_  
COMPANY ADDRESS PHONE & FAX # CONTACT

\_\_\_\_\_  
COMPANY ADDRESS PHONE & FAX # CONTACT

REQUESTED CREDIT LIMIT \$ \_\_\_\_\_

**\*Terms to be NET 30 DAYS**



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## BANKING INFORMATION

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BANK NAME ADDRESS PHONE & FAX #

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ACCOUNT NUMBER BANK OFFICER YEARS THERE

TAXABLE SALE? YES NO TAXABLE RENTAL? YES NO TAX-EXEMPTION # \_\_\_\_\_  
(Tax Certificate must be submitted with application for each state doing business.)

IS PURCHASE ORDER REQUIRED?: YES NO

**CERTIFICATE OF INSURANCE** must be submitted with application for any equipment rentals. If not, RENTAL PROTECTION PLAN fees will apply.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. I/We authorize our creditors and financial institution to release said credit information. I/We acknowledge the receipt of the accompanying terms and conditions of sale. I/We have the ability and agree to pay our invoices in accordance with these terms and conditions and also guaranty such payment by our signature below.

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Date

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Officer's signature & Title