



ALL AIR INCORPORATED

CREDIT APPLICATION

To extend a proper line of credit, we request that you list your **banking facility** and ***three references with a minimum credit line of \$5,000.00***. Also, be sure to provide your full company name, billing address, and contact numbers. If your company is **tax exempt**, please **provide a faxed copy of the tax exemption certificate**.

Company Name: _____

Billing Address: _____

A/P Contact: _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

List complete addresses, phone numbers, & fax numbers.

**** *Most credit references are processed by FAX****

Bank: _____ **Acct #** _____
_____ **Phone#** _____
_____ **Fax#** _____

1) Supplier: _____ **Contact** _____
_____ **Phone#** _____
_____ **Fax#** _____

2) Supplier: _____ **Contact** _____
_____ **Phone#** _____
_____ **Fax#** _____

3) Supplier: _____ **Contact** _____
_____ **Phone#** _____
_____ **Fax#** _____

***Please fax to (914)347-3975 or Email to: sales@allair.com ***