



601 Johnston Willis Drive  
Richmond, VA 23236  
(804)379-1610  
(804) 794-1435 (Fax)

7001 A Cessna Drive  
Greensboro, NC 27409  
(336) 668-9240  
(336)668-9242 (Fax)



**CREDIT APPLICATION**

Complete Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner Home Address:( if different than billing address ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you TAX EXEMPT? \_\_\_\_\_ ( if Yes, attach certificate ) Number of employees: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation (Registered) Age of Business: \_\_\_\_\_

List Owners ( if Corporation ) \_\_\_\_\_

Commercial Bank: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account#: \_\_\_\_\_

**Real Estate Owned:(Indicate if owned individually or with someone else, please indicate the address**

\_\_\_\_\_  
\_\_\_\_\_

**Mechanical Contractor's License#:** \_\_\_\_\_

Any notification of change in the name, composition, form of organization, or financial structure of application must be mailed, **CERTIFIED RETURN RECEIPT REQUESTED** to seller at **BOTH** the office from which the goods were purchased **AND** the main office at 601 Johnston Willis Drive, Richmond, Virginia 23236

Credit References: ( Include telephone number, fax number and customer number )

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Trade Reference: ( List current HVAC/R supplier )

1 \_\_\_\_\_

**Please attach a copy of most recent financial statement**

