



Credit Application

Date: _____

Company Name: _____ Parent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Duns #: _____

Payables Contact: _____ Payables Telephone # or email: _____

Tax Exempt (Please Circle): YES NO If yes, please fax a copy of your tax information to our Accounting Department.

BANK REFERENCE(S):

- | | |
|--|--|
| <p>1. Bank Name: _____</p> <p>Street Address: _____</p> <p>City/State/Zip: _____</p> <p>Bank Contact: _____</p> <p>Acct. No.: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> | <p>2. Bank Name: _____</p> <p>Street Address: _____</p> <p>City/State/Zip: _____</p> <p>Bank Contact: _____</p> <p>Acct. No.: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> |
|--|--|

TRADE REFERENCES: (We require a minimum of three trade references with credit lines to support your order with Air-X):

- | | |
|---|---|
| <p>1. Company Name: _____</p> <p>Street Address: _____</p> <p>City/State/ Zip: _____</p> <p>Telephone #: (____) _____</p> <p>Fax: (____) _____</p> <p>Contact Person: _____</p> | <p>2. Company Name: _____</p> <p>Street Address : _____</p> <p>City/State/Zip: _____</p> <p>Telephone #: (____) _____</p> <p>Fax: (____) _____</p> <p>Contact Person: _____</p> |
| <p>3. Company Name: _____</p> <p>Street Name: _____</p> <p>City/State/Zip: _____</p> <p>Telephone #: (____) _____</p> <p>Fax #: (____) _____</p> <p>Contact Person: _____</p> | <p>4. Company Name: _____</p> <p>Street Name: _____</p> <p>City/State/Zip: _____</p> <p>Telephone #: (____) _____</p> <p>Fax #: (____) _____</p> <p>Contact Person: _____</p> |

If you have a separate credit application, please indicate so on our credit form and also provide us with a signature to authorize credit investigation. If your order is over \$10,000 our policy requires a copy of your recent company "Audited" Financial Statements. **Please fax required information to the Accounting Department at (918) 384-5200.**

Authorized Signature _____ Date _____