

# BUSINESS CREDIT APPLICATION

Please submit your completed form to Annexair Sales Department at [sale@annexair.com](mailto:sale@annexair.com).



## BUSINESS CONTACT INFORMATION

Legal Business Name:

Type of Business:  Sole Proprietor  Partnership  Corporation  Franchise

Main Office Information: Address:

City:

State:

Zip:

Phone #:

Fax #:

Founding Date:

Global Annual Sales:

Owner #1:

Name:

Owner %:

Phone #:

Email:

Owner #2:

Name:

Owner %:

Phone #:

Email:

Accounting Contact:

Name:

Phone #:

Email:

## BANK REFERENCES

Bank Name:

Contact:

Bank Information:

Address:

City:

State:

Zip:

Phone #:

Fax #:

Bank Account #:

Opened Since:

Bank ABA# or Routing#:

Bank SWIFT #:

Federal Tax ID#:

Dun & Bradstreet #:

Exemption Tax #:

Please also attach a copy of your Certificate of Exemption.

## BUSINESS REFERENCES

#1 Company Name:

Contact:

Phone #:

Email:

#2 Company Name:

Contact:

Phone #:

Email:

#3 Company Name:

Contact:

Phone #:

Email:

## PRIOR ANNEXAIR PROJECTS

Project Name #1:

Project Name #2:

Project Name #3:

## CREDIT AMOUNT REQUESTED

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I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be established. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Electronic Signature:

Position:

Date: